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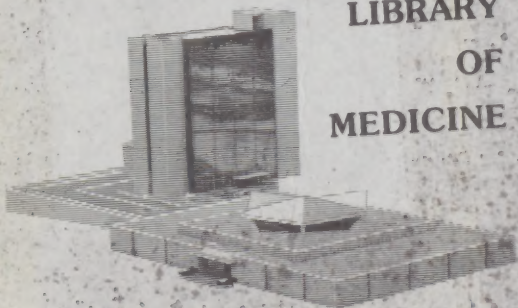


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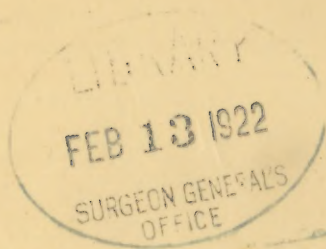
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EPHRAIM McDOWELL

**"FATHER OF OVARIOTOMY" AND
FOUNDER OF ABDOMINAL SURGERY**



Dr. Ephraim McDowell. From a Portrait in possession of his granddaughter,
Mrs. William M. Irvine, Richmond, Ky.

EPHRAIM McDOWELL

“FATHER OF OVARIOTOMY”
AND
FOUNDER OF ABDOMINAL SURGERY

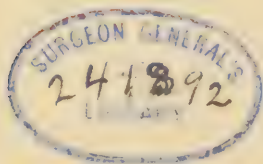
WITH AN APPENDIX
ON
JANE TODD CRAWFORD

BY
AUGUST SCHACHNER, M.D., F.A.C.S.
LOUISVILLE, KENTUCKY



PHILADELPHIA AND LONDON
J. B. LIPPINCOTT COMPANY

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TO MY PARENTS

PREFACE

THE motive for undertaking this work, the aims involved therein, and the results, which I hope have at least in part been accomplished, are set forth in detail in the foreword.

Much as I have endeavored to avoid it, a certain degree of repetition was inevitable, and for this I offer the reader my apology.

Although I have faithfully labored to present the facts, I do not flatter myself that the following pages are entirely free from error, and therefore beg the indulgence of the reader for any errors or omissions that may have crept in.

I have made free use of N. S. Shaler's work, "A Pioneer Commonwealth," in the historical sketch of Virginia and Kentucky, as well as of the brochure of Dr. Eugene R. Corson on "John Bell—Surgeon," in my sketch of John Bell.

Extracts from the writings of others have been added, not alone as proper correlatives to the biographies of Ephraim McDowell and Jane Todd Crawford, but also for the convenience of future students of the lives of these benefactors of the human race.

While I have endeavored to give credit to those authors from whose contributions extracts have been made, I also confess my indebtedness to those authors from whose contributions extracts were not made, but whose writings have influenced and aided me in this undertaking.

PREFACE

I further desire to acknowledge my deep sense of obligation to Mr. Henry Hesse, for the splendid photographs which he has expressly prepared for this work; to Mr. J. Knox Mitchell, of Osborne, Kansas, for his patient and painstaking assistance in developing the details of the Crawford family history, and in the discovery of the grave of Mrs. Crawford; and, lastly, to offer my profound thanks to all others who have directly or indirectly aided me in this task.

THE AUTHOR

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FOREWORD

WHILE on a vacation in Europe during the summer of 1911, I visited the Universitäts-Frauenklinik, in Berlin. As I passed through the arched entrance to the amphitheatre, I noticed an engraving of Dr. Ephraim McDowell on the one side, and an engraving of a woman on the other. These were the only ornaments that adorned the clinic. I conveyed to the chief of the clinic my sense of pleasure at seeing my illustrious countryman so honored, and casually added, "The other, no doubt, is the heroic Mrs. Crawford."

He replied, "We think this is an appropriate place for a likeness of your distinguished countryman; however, the other picture is not that of Mrs. Crawford, but of a patient upon whom we successfully performed several Cesarean sections, and we therefore accord to her likewise a place of honor in the clinic."

My presentation to Geh. Med.—Rat. Ernst Bumm followed a few minutes thereafter, and in the introduction the foregoing incident was dwelt upon by the chief of the clinic. Almost immediately Professor Bumm asked, "Is it true that McDowell did his first ovariectomy upon a negro slave?" I assured him that to the best of my knowledge such was not the case. He then added, "Here in Germany it is the belief that McDowell's first ovariectomy was performed upon a negro slave."

After an interesting discussion upon this subject, promised Professor Bumm to investigate carefully the several points raised in the conversation and to communicate to him or publish the result of my inquiry.

This promise was fulfilled in the form of a paper entitled, "Dr. Ephraim McDowell, 'Father of Ovariectomy'; His Life and His Work," which was read before

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The Johns Hopkins Historical Club, December 9, 1912.

This inquiry was scarcely more than under way, when I became convinced of the wisdom and the necessity of a careful study of McDowell; and the further it proceeded, the more I became impressed with its importance. Writers have not only copied from one another without investigation, thus perpetuating errors, but in some instances the same writers have contradicted themselves. The difficulty of securing reliable details of his life became quickly apparent; and the conflicting dates of his birth and death were soon discovered. As for the heroine, she had been handed about for a century from one writer to the other, merely as Mrs. Crawford, and all efforts to give her the exact place in history which she had always deserved, but had never received, seemed for a time utterly futile.

Not in the least do I believe that it disturbs the greatness of Ephraim McDowell to divide the glory of this achievement with Jane Todd Crawford, who, by combining her heroism with McDowell's genius, made possible the scientific advancement which directly and indirectly, forever afterward, so immeasurably contributed to the benefit of the human race of every age and clime.

To stimulate an interest therein, and to facilitate an understanding of this biographical study, a preliminary resumé of the views is submitted.

In addition to the life histories of the hero and heroine with which it deals, certain viewpoints, which hitherto have been overlooked or interpreted differently, are analyzed and elaborated upon.

Prominent among these impressions may be mentioned the influence of John Bell upon McDowell and his first ovariectomy. This influence has been largely overrated, and I believe greatly misunderstood.

To a backwoodsman like McDowell, who had been

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reared in an atmosphere of independence and self-reliance, and who was living in a free country during a particularly free period, it is entirely natural that a character like John Bell, brainy, brilliant, and militant, then easily the ablest surgical mind in Scotland, should prove attractive, and that, through contact with him, McDowell should receive an inspiration which probably largely sustained him throughout his entire professional career.

But the views which John Bell elucidated, especially upon ovarian tumors, were not original with him. He merely presented the status of ovariectomy as it then existed. No doubt these views were clearly and cogently presented, as John Bell could hardly have presented them otherwise if he tried.

He was an enthusiast by nature who did everything that he undertook to do with all the fervor of his soul, whether it was lecturing upon surgery, struggling with one of his professional opponents, or, even while in his last illness, preparing a set of travel notes upon the architecture of Italy.

At the time that McDowell became one of his private pupils, the subject of ovariectomy had been considered and debated upon in an academic way for fully a century. No credit for any originality is due John Bell, and even less to the Hunters, John and William, especially the latter who, if his views are properly considered, did much to discourage the performance of ovariectomy.

For years before McDowell performed his first ovariectomy, the time was ripe, and all that was lacking was the man with the necessary courage and the opportunity. When these two conditions were finally fulfilled in Ephraim McDowell and Jane Todd Crawford, the operation of ovariectomy passed from the academic realm to the state of actual realization.

Had McDowell, however, lived under the shadow of

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the University of Edinburgh, it is more than likely that he would never have been the first ovariologist.

It was largely because of such an overpowering conservatism that John Lizars, a pupil of John Bell, a man of unusual surgical ability, hesitated for years, and finally floundered about in the operation almost a decade after McDowell's first experience.

It was McDowell's frontier location on the very fringe of civilization, where freedom and self-reliance reigned supreme, that made the first ovariectomy possible. Although the operation was the ultimate outcome of a gradual evolution in an academic way, it was first performed by the backwoodsmen of America, Germany, England, France, and Italy, and was, in the beginning, systematically condemned and opposed by the metropolitan surgeons of those countries.

Confronted with the opportunity, thrown upon his own resources, under the guidance of his "mother wit," McDowell calmly enacted a role that justly immortalized him and his heroine, and, indirectly, laid the cornerstone for the most brilliant domain of surgery.

The influence of his life is only fully realized when we compare his achievement with that of vaccination, anæsthesia, and the Listerian doctrine of surgery.

The only drawback, if we may call it such, that attended his being a backwoodsman, a "doctor" practicing without a diploma, was that through these circumstances he was exposed to doubt, contempt, and ridicule when he first published his cases. This experience illustrates a moral, that might with advantage be studied by a certain type of the present-day reformer who works overtime to standardize everything with machine-like exactness, until every vestige of individuality, upon which progress after all is dependent, becomes endangered.

The attitude of the British toward ovariectomy is

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emphasized on the one hand by their unwillingness to accord to America in general, and to McDowell in particular, the credit and the honor they deserve; and, on the other hand, by their keenness, and promptness in recognizing the full importance of ovariectomy, which established the possibility of surgically invading the peritoneal cavity, thus laying the cornerstone of abdominal surgery.

The views, more especially of Mr. Lawson Tait and of Sir Spencer Wells, in opposition to our contentions, upon the other side of the Atlantic, and the uniformly corroborative expressions of our claims to the honor by Oliver Wendell Holmes, Lewis Rogers (Presidential Address, K.S.M.S.); J. W. Thompson (Presidential Address, K.S.M.S.); J. M. Kellar, and Lunsford Pitts Yandell, Sr., upon this side justify our conclusion.

The all-important fact is that the earlier operations, in addition to demonstrating the feasibility of ovariectomy, emphasized the possibility of invading the peritoneal cavity.

This was quickly recognized in earlier times, but later on was so completely overlooked as to be, historically speaking, practically lost in the present period.

The promptness with which the British seized upon this idea, which in that epoch was secondary to ovariectomy, but in time became the basis for the future realm of abdominal surgery, and thus later on completely overshadowed in importance the primary event, is worthy of a special mention.

Lizars, Jeaffreson, and the editor of the Edinburgh Medical and Surgical Journal are prominent among those in that group.

Through the full recognition of this surgical possibility, the awe in which the peritoneum had hitherto been held was dissipated; and with its disappearance, with the

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advent of anæsthesia, and later on with the development of modern surgery, came the full fruition of McDowell's labors, and the almost incredible evolution of abdominal surgery.

It can hardly be fairly denied that the priority of this rôle and the importance of its influence justify the conferring upon McDowell of the title certainly of the indirect, if not the direct, founder of abdominal surgery.

It is obvious that McDowell could not possibly have realized the magnitude of his achievement, nor could he have had the faintest conception of that highly developed and widely extended field which the abdominal surgery of to-day represents. In fact, the calmness of his attitude toward ovariectomy goes far toward supporting the view that prevailed among some of his contemporaries that he was a "phlegmatic man."

Although his associates urged him to publish a report of his cases there is no substantial basis for the opinion that, in the absence of this urging, the cases were in any great danger of remaining unpublished. This view is supported by the promptness and vigor with which he defended himself in his second paper, which was in the form of a letter to Dr. Thomas C. James, and by his card issued in 1826 "to the physicians and surgeons of the West and particularly the students and faculty at Lexington," which meant the Transylvania University.

He differed from these associates principally in being less impulsive and more cautious than they, and in waiting until he had repeated his so-called experiment until it ceased to be an experiment, and became an accomplished fact. The traditional story that he was seriously threatened by a mob whilst performing the operation is based more upon fiction than upon facts.

EPHRAIM McDOWELL

CHAPTER I

ANCESTRY OF DR. EPHRAIM McDOWELL—THE SETTLERS ON BURDEN'S GRANT—THE EARLY DEVELOPMENT OF KENTUCKY—DR. EPHRAIM McDOWELL, HIS BIRTH AND BOYHOOD—DANVILLE IN ITS EARLY STAGES—THE EDUCATION OF McDOWELL—DR. ALEXANDER HUMPHREYS, THE PRECEPTOR OF McDOWELL.

ACCORDING to the family tradition, the ancestors of Dr. Ephraim McDowell emigrated from Scotland to North Ireland during the Protectorate of Cromwell, about the middle of the seventeenth century.

Ephraim McDowell, the great-grandfather of Dr. Ephraim McDowell, fought in the English Revolution. At the age of 16 he was one of the Scotch-Irish Presbyterian defenders of Londonderry, during the troubles in 1688, and aided in resisting the besieging forces of James II in the memorable siege of 1689. His wife was Margaret Irvine, his first cousin. With his two sons, John and James, and his daughters, Mary and Margaret, he immigrated to America, landing in Pennsylvania. It is believed that his wife died in Ireland. The date of his arrival in Pennsylvania, where he remained several years, is unknown—possibly, as thought by some, September 4, 1729 (*Clinton*).

In Pennsylvania his son John, who was the grandfather of Dr. Ephraim McDowell, married Magdalena Wood, or Woods, according to Waddell. It was here that Samuel, the father of Dr. Ephraim McDowell, was born on October 29, 1735. In 1737 Ephraim McDowell, his son John, his son-in-law, John Greenlee, and his daughter, Mary

EPHRAIM McDOWELL

McDowell Greenlee, moved by way of the lower Shenandoah Valley to what is now Rockbridge County, Virginia, settling on Timber Ridge, originally called Timber Grove, near the present town of Lexington. They were among the first settlers in that region. Ephraim, the great-grandfather of Dr. Ephraim McDowell, died at the age of about 100 and lies buried in Rockbridge County, Virginia.

According to Green:

The span of Ephraim McDowell's life covered the overthrow of the Stuarts, the rise of the House of Hanover, the establishment of the Empire of Britain in India and over the seas, the wresting of New York from the Dutch, and the expulsion of the French from North America; the erection of the electorate of Brandenburg into the kingdom of Prussia; the victories of Marlborough and Eugene, of the great Frederick, the consolidation of the Russian Empire under Peter and his successors, the opening of the great West by the daring pioneers, and the growth of liberalism in Great Britain, France, and America.

Capt. John McDowell, the father of Samuel McDowell, and the grandfather of Dr. Ephraim McDowell, fell in a battle with the Indians on Christmas day, 1742 (*Peyton, Waddell*), or 1743 (*Green*). He died defending the grant of land which he shared with Benjamin Burden or Borden, according to the New Jersey branch of the family, after whom Bordentown of that state was named. John McDowell was Burden's surveyor and he coöperated with Burden in securing the necessary immigrants to make the grant binding. He fell into an ambuscade at Balcony Falls and he, with eight of his men, was killed. He left three children, Samuel, James and Sarah.

On the west side of the road from Staunton to Lexington, near Fairfield, and close to the Timber Ridge Church and the "Red House" or Maryland tavern, formerly the residence of John McDowell, is a small cemetery. On the



McDowell.

Coat of Arms of the McDowell family.

ANCESTRY OF DR. EPHRAIM McDOWELL

left of the entrance is a rough tombstone marking the grave of John McDowell. His widow, Magdalena Wood (or Woods) McDowell, married Benjamin Burden, Jr., son of the grantee. This lady later entered on a third matrimonial venture with Col. John Bowyer, a gentleman 20 years younger than herself.

The 104 years to which she lived gave ample time for a full repentance of this singular matrimonial adventure. Tradition states that Col. Bowyer destroyed the marital settlement by which the wary Magdalena had essayed to secure her property to herself and children. He outlived her; thousands of acres of the sightly lands which John McDowell owned thus passed into the hands of the Bowyers.—*Green*.

Samuel, the oldest of the three children and the father of Dr. Ephraim McDowell, left Pennsylvania, the place of his birth, in 1737. He was just two years of age. Gross and others have confused Samuel with his son Ephraim, when they erroneously referred to Ephraim as having reached Danville at the age of two years.

Samuel, as he grew up, received a good education for those times. One of his instructors, who is referred to as "his relative, the distinguished Dr. Archibald Alexander," was probably the Capt. Archibald Alexander, who was the executor of Benjamin Burden and the first sheriff of Rockbridge County. Capt. Archibald Alexander was born in Ireland in the year 1708 and was therefore about twenty-seven years of age when Samuel McDowell was born. It is not unlikely that Capt. Archibald Alexander has been confused with his grandson, Rev. Dr. Archibald Alexander, who was born in 1772 and in the latter period of his life occupied a chair at Princeton University until he died in 1851.

At the age of 18, on the 17th day of January, 1754, in what was then Augusta County, Virginia, Samuel was

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married to Miss Mary McClung, daughter of John McClung and Elizabeth Alexander. Miss McClung was born in Ireland, of Scotch parentage, on October 28, 1735, which made her the senior of her husband by one day. The standing and the influence of the McClungs was comparable to that of the McDowells and, like the latter, they and their progeny were destined to important rôles in the events that followed that period.

Samuel McDowell and his wife Mary had eleven children born to them. When twenty years old he fought in the French and Indian wars. He served under General Washington, and was present at Braddock's Defeat. In 1774 he served as captain in Dunmore's Indian War, and in the battle of Point Pleasant was an aide-de-camp to General Isaac Shelby, who afterwards became the first governor of Kentucky. Governor Shelby's daughter later became the wife of McDowell's son Ephraim.

Samuel was a colonel in the War of the Revolution, and with his regiment served under General Green at the battle of Guilford Court House, and throughout Green's campaign against Cornwallis.

Prior to the Revolution, Samuel McDowell and Thomas Lewis represented Augusta County in the Convention of 1775 at Williamsburg, and protested against government by any ministry or parliament in which the people were not represented. They were delegated to address to George Washington, Patrick Henry, Benjamin Harrison, and other delegates from Virginia in the Continental Congress, a letter of thanks and approval of their course. In 1776 Samuel McDowell was a member of the Convention held at Williamsburg, Virginia, which instructed the delegates to the Continental Congress to declare the united colonies free and independent states.

ANCESTRY OF DR. EPHRAIM McDOWELL

He was appointed in 1782, by the Virginia Assembly, one of the commissioners to settle land claims in the district of Kentucky. Like his father he was a surveyor and, in 1783, he came with his family over the Wilderness Road and took up his residence in Fayette County.

In that year the District of Kentucky was formed and the first district court was opened at Harrodsburg, with Samuel McDowell, George Muter, and John Floyd as judges. During the year this court was moved to Danville.

According to Collins, McDowell was made president of all the early Kentucky conventions, nine in number, including the one that framed the Constitution of Kentucky. During his presidency, in 1792, Kentucky was admitted to the Union.

In religion he was a member of the Presbyterian Church. He remained upon the bench until a few years before his death, and was known as Judge McDowell, to distinguish him from one of his sons, Samuel. After a long and useful life, during which he enjoyed the fullest measure of confidence and esteem throughout his state, he passed away September 25, 1817, at the age of eighty-two, at the residence of his son, Col. Joseph McDowell, near Danville, Kentucky.

But to obtain a true idea of these simple, unpretentious, but vigorous, self-reliant, and courageous people who settled on Burden's Grant and whose descendants enacted such important roles in the early development of the United States, especially the Middle West and South, one must read the history of Augusta County as depicted in such works as Peyton's history of this county, where the vigorous Mary McDowell Greenlee's deposition in the suit of Joseph Burden, plaintiff, vs. Alexander Cueton and others, defendants, is referred to as the cornerstone of the county's history. She is described in

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this work as a witch, and one of her witticisms, when she hospitably pressed more food on a member of her "quilting party" with the remark, "*The mare that does double work should be best fed,*" has become part of the county's history.

It is difficult, if not impossible, to comprehend adequately not alone McDowell, but the many other leading spirits in medicine, law, politics, statesmanship, on the field of battle, and in other activities, who settled in Kentucky or came from it and who wielded such influence in the affairs of their time, without a clear understanding of the origin of the Kentuckians and of the peculiarities that attended the early development of the state. Therefore, a little light upon these hitherto more or less neglected features is necessary for the proper understanding of McDowell and his contemporaries.

The states of the Union fall into three groups: first, those that were directly colonized from the Old World, such as Virginia and Massachusetts; second, those that are the outgrowth of a particular colony, such as Kentucky, the daughter of Virginia; and third, those that are the result of a mixed immigration from various parts of the old world and from other states. Of these three groups the second is the smallest. According to Shaler, "Kentucky alone is fairly to be called the child of another commonwealth."

At the close of the French and Indian wars before the signing of the treaty of Paris on February 10, 1763, through which France ceded to England the country south of the lakes and east of the Mississippi, including Canada, Nova Scotia, the Island of Cape Breton, and other islands in the Gulf and River of St. Lawrence, thereby restoring peace, the map of North America had about the following appearance. Mexico included all of the wilderness extend-

EARLY DEVELOPMENT OF KENTUCKY

ing north to an indefinite boundary in Canada, and on the west to the Pacific Ocean. The eastern boundary touched the country east of and adjacent to the Mississippi River. All this territory, together with Florida, the former through a secret treaty, was under the dominion of Spain at the time that peace was declared. Louisiana was afterward recovered by Napoleon in 1800. Before this war the French with their principal southern base at New Orleans disputed with the English the Mississippi River and the adjacent territory.

The English occupied the coast country with the principal bases in Virginia and Massachusetts. The whole arrangement has been compared to that of a bow, in which the English occupation of the coast represented the straight string, and the French occupation of the interior the arched bow, with the lower end at New Orleans and the upper end at Quebec. Distinct boundaries, in the present sense, there were none, and land was gladly given in abundance, if colonization was even remotely forthcoming.

In fact France secretly ceded the whole of Louisiana to Spain, to prevent it from falling into the hands of the English when the fortunes of war looked doubtful, and it was accepted by Spain, not for its intrinsic value, since it had been a burden and an expense to the French king, but with the hope of using Louisiana as a buffer state between the British colonies and the more valuable province of Mexico.

The two English colonies were represented by Plymouth Rock and Jamestown, Massachusetts and Virginia.

The New England colonists were largely the products of the Protestant Revolution through which they had acquired a keen intellectual sense. Unlike the Virginia colonists they were more given to recording their deeds,

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which makes the study of their history a relatively simple affair. They were in the main from towns and were trained more to the arts than to agriculture. A larger proportion of them were educated men.

The Virginia colony was at the outset a purely commercial enterprise, modeled after the East India Company. Commercialism was a dominant feature of England and gold hunger and land hunger were the passions of the day.

The Virginia settlement, which was founded in 1606, was partially a penal colony. After an existence of 18 years, this proved a failure, largely because of the worthless character of the settlers.

The character of the newcomer in the succeeding Virginia colony is not so clearly established as is the character of the newcomer in the New England colony, but from all information the conclusion seems justified that "the strength of the immigration consisted of the yeoman or 'squire class; next in number were the destitute and semi-criminal class, who were sold into temporary service to pay their fines and the cost of their transportation to the colony; and for a while least in numbers, the Africans, who were sold into permanent slavery."—*Shaler*.

Tobacco was their chief product, and, as the habit of using it increased, this became "America's most welcome gift to the Old World."

Until 1725, a period which covered a little more than the first century of the Virginia settlement, there had come from England and lower Scotland a steady flow which by this time occupied the best lands.

Following this, there was a decrease until about 1745 when there was a large exodus of Scotch after the rebellion. Several thousand settled beyond the Blue Ridge Mountains in what are now Amherst, Augusta, and Rockbridge Counties. These settlers have been regarded as

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the most important contribution to Virginia, not only in number, but in point of independence, vigor, and courage. They and their children were to a large extent the backbone of Virginia's strength in the Revolutionary and Civil Wars and later they constituted the major element in the early Kentucky settlements.

The absorbing passion in Virginia was not for religious discussion, as in New England, but for possessing land, and delving in politics. Having come rather from the farm than the town in the mother country, the settlers were less inclined to intellectual pursuits and more to outdoor sports.

The population fell into classes, the select slave-owners and the "poor whites." This, together with the English principle of giving the real estate to the oldest son, soon developed a system of strong families that controlled the affairs about them. They looked upon the whites, who belonged to a lower class, as of another race. A certain amount of fast living, as in England, was considered to be the mark of a gentleman.

All of this was in a measure opposite to that of New England, where the tendency was towards democracy. The sons of planters were educated by British tutors or sent to Europe. The children of the poor whites, like their parents, remained uneducated.

In the first 150 years of her existence, Virginia gave little promise of great statesmanship or political liberties, so that when the Revolution developed, the outburst that marked the last quarter of the eighteenth century, it came as an unexpected awakening.

Virginia was led into the Revolution in 1776 as well as into the Civil War through the influence of her leading families, rather than through the spontaneous outburst of the masses as in New England.

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She was the most populous and in some ways the richest. The institution of slavery made it possible for her to send a large part of her white men into the field when they were called to arms. This, together with her love of field sports and the training through the French War and the various Indian encounters, eminently fitted her for important rôles in the Revolutionary War, as well as in the Civil War. She stood second to Massachusetts in the number of soldiers she furnished during the Revolution.

To this sketch of the settlers of Virginia, who were people of the same character as the settlers of Kentucky, can be added a few words on the geographic and political development of Kentucky as a necessary preliminary for a full understanding of the early Kentuckians.

The earliest visits to Kentucky, worthy of note, were those of Daniel Boone and his party in 1769 and of a company headed by Colonel James Knox in 1770. In 1773 surveyors made their appearance with the view of dividing the land near the western waters as a bounty to the Virginia troops who served in the French and Indian Wars. In 1774 other parties and surveyors followed, among them James Harrod, who erected a log cabin where Harrodsburg stands and after whom the town was named. The following year, 1775, Richard Henderson purchased from the Cherokee Indians, in violation of the laws of Virginia, the land south of the Kentucky River, and with the aid of Daniel Boone, built the Fort of Boonesboro. Transylvania being one of the early names of Kentucky, this colony was called the colony of Transylvania. Harrodsburg and Boonesboro soon became the attraction and support of immigrants to Kentucky.

In 1776 the county of *Kentucke* was created from the county of Fincastle, which was formerly part of the county

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of Augusta. Hitherto Kentucky was merely known as the western fringe of the Virginia colony. The name "Kentucky" is from the Iroquois word "Kentake," meaning prairie or meadowland. Harrodsburg was designated as the county seat, which entitled it to a county court. This was contemporaneous with the Declaration of Independence, and during the Revolution immigration naturally lagged.

Toward the close of this struggle, interest in Kentucky became more acute; and from 1780 on there was a steadily increasing activity in immigration and in the location of land warrants. In the Kentucky forests, the surveyor's outfit and the rifle were inseparable. With the close of the Revolution, immigration received its greatest impetus. Everything favored this. Men were long out of the normal pursuits of life, with their places filled during the Revolution. The land in Virginia occupied and in a measure drained of its productiveness, the spirit of adventure at its maximum, nothing was more natural, notwithstanding the Indian and other perils, than for these detached people to turn to Kentucky where productive land was easily obtainable. Some idea of the strength of this immigration may be had from the fact that in 1840, nearly sixty years after the close of the Revolution, the pension returns showed that there were about nine hundred of these veterans still living in Kentucky, their ages varying from 70 to 109 years.

With this exodus came the McDowells. Samuel McDowell, in 1782, was appointed commissioner to settle land claims which, through a defective and unsystematic arrangement, had reached a distressingly entangled state. He moved with his family to Fayette county in 1783. By this time the county of Kentucky was sub-divided into three counties, Fayette, Lincoln and Jefferson. The

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first district court was then established with Samuel McDowell as one of the judges.

Following the Revolution, neither the Americans nor the British fulfilled all the terms of the treaty of peace. The dereliction on the part of the British consisted of continuing for years after the war the maintenance of fortified outposts in the northwestern part of American territory. This constituted a distinct menace for Kentucky and a source of disturbance between the British and Indians on the one hand and the Kentuckians on the other, which for some time Congress failed to remedy.

Confronted by these dangers and fearing an invasion, Colonel Benjamin Logan, in 1784, called the officers of the militia and other citizens together at Danville, with a view to arranging defensive measures in the event of an attack.

At this gathering it was made apparent that no expeditions could lawfully be carried out nor resources organized for defense, however imminent the danger, without permission from Richmond. This was separated from Kentucky by about five hundred miles, as the crow flies, and considerably more by the Wilderness Road, and could be reached only by most difficult and dangerous travel. The colony awoke to the necessity of a government independent of Virginia, and with this end in view a number of conventions were held which finally accomplished the separation from Virginia, and the admission in 1792 of Kentucky as a separate state in the union.

The historical records that are accessible indicate that the conventions were not devoid of excitement, and perhaps in all an intense order of politics prevailed.

The separation from Virginia and the Spanish intrigue, a political move of an international nature, that involved the free navigation of the Mississippi River, were in them-

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selves quite enough to maintain a maximum of tension, without any additional feature. The separation was marked by many delays and disappointments extending over a period of eight years, experiences that tried the patience of the Kentuckians until they reached the point where they were about ready to effect a forcible settlement not only from Virginia, but from the Union as well. An account of this extreme measure involves a long and intricate story, and although not without some intrigue, the separation seemed to have some color of justification.

According to Collins, the attorney general of Kentucky, in warning the chief executive of Virginia of the impending separation significantly said, "*Congress did not seem disposed to protect them, and under the present system she could not exert her strength.*" This led to the establishment of a separate state government. At last, in December, 1790, President Washington strongly recommended the admission of the state to the union and on February 4, 1791, the Act was passed, the admission to date from June 1, 1792.

To recapitulate, the Kentucky spirit was the offspring of the Revolution. This combative spirit, which elsewhere was overwhelmed, lived on in Kentucky, fed by tradition, and in nearly continuous combat to the time of the Civil War. The surrender of Cornwallis did not spell peace for the Kentuckians. These settlers, who were largely of Scotch origin, came mostly from that part of Virginia west of the Alleghany Mountains. It required, in the first place, men of a courageous type to leave England and Scotland and settle in the eastern and more desirable part of Virginia, but when it came to pushing into an unknown wilderness, which was the cockpit of warring Indian tribes,—hence the sobriquet of the "Dark and Bloody Ground,"—it is needless to say that it demanded a venturesome individual with courage and self-reliance of

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the highest order. Not alone were these requirements indispensable, to begin with, but the very environments in which they were thrust could not fail to develop still further the courage and self-reliance that made their immigration at all possible.

It was entirely natural, therefore, that these vigorous, unpretentious, and courageous Scotch settlers should develop into leaders in every domain of human activity in which they chanced to be placed. They could hardly escape wielding an overwhelming influence in Kentucky, primarily, and later on in the great vigorous West. This West in the main developed from that spur or wedge known as Kentucky, whose base rested against the Alleghany Mountains and whose apex pierced that unknown and unbounded wilderness that was destined within a little more than a century to be teeming with human activity.

A careful study justifies the conclusion that Dr. Ephraim McDowell was born November 11, 1771, in that portion of Virginia called Rockbridge County.

He is generally referred to as of Scotch-Irish stock; correctly speaking, he was born in the colony of Virginia, under the British flag, of Scotch parentage. He was a Virginian by birth and a Kentuckian by adoption. Both sides of his house were of Scotch origin. They immigrated to America by way of Ireland after some residence there. The Scotch-Irish reference in this, as in most other instances where it is employed, is somewhat misleading, and is based upon the residence in Ireland and not upon any mixture of Scotch and Irish blood. He was the ninth of eleven children and the sixth son.

Soon after his birth, events of a momentous nature began shaping themselves. In 1776 the Declaration of Independence was signed and the Revolution was in full swing. In this atmosphere he spent his boyhood days,

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only to be transported at the age of thirteen, toward the close of the Revolution, to his future home in Kentucky. The new environment was perhaps even more tense and exciting than the old. Coupled with the influence of heredity, no doubt these conditions contributed largely toward the development of this self-reliant character, and must not be overlooked in our understanding of the circumstances that led up to and made possible the performance of the first ovariectomy.

Of the events that attended his life prior to his removal to Kentucky, we know nothing. Most likely, aside from the excitement of the times and life on the frontier portion of Virginia, his boyhood days were spent in an uneventful manner.

The family reached Kentucky in 1783, where his father became one of the judges of the First District Court, which was held in Harrodsburg. It is said that owing to the unsuitability of the building, the court was removed in 1784 to Crow's Station.

This led to the development of Danville, the place where McDowell was destined to spend the remainder of his life.

The belief is that Danville was laid out near Crow's Station in 1781 by Walker Daniel, who was killed by the Indians three years later, but that it did not grow in importance until the removal of the court to that place in 1784. It was the first capital of the state. During the same year that the court was removed to Danville, Col. Benjamin Logan called his militia officers together, and as a result came the conventions already referred to. Danville was selected because of its more favorable location on the Wilderness Road, over which more immigrants traveled than by the Ohio River, since the former was safer from attacks by the Indians.

In 1786 the Political Club came into existence. This was a debating society composed of about thirty of the

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"Brightest Spirits of the Times," in which the questions of the day, especially those relating to the development of Kentucky, were threshed out. This was three years after the arrival of the McDowells. The club continued in existence until 1790.

That Danville had the reputation at this time of being a lively place in addition to its political and other activities is attested to by a letter dated November 6, 1786, written to the secretary of the Political Club, in which the writer said: "How do you like the life you lead in Danville? Are you drawn into excesses? Keep no bad hours or company. You deserve the character you have of a prudent man for your years, but I fear that the levity of the place may lead you astray." This is further corroborated by the records of the First District Court, which was held at Harrodsburg, about ten miles distant from Danville. The account of the proceedings throws some light upon the life of that period in Kentucky. This court, of which Samuel McDowell was one of the judges, was at its first session presented by the grand jury with seventeen offenders, nine of whom were indicted for keeping tippling houses, and eight for fornication (*Collins*).

Some idea of its size in 1790 may be obtained from a document transmitted by Lord Dorchester to Lord Sidney in England, in 1789, entitled "Observations Upon the Colony of Kentucky." "It is said Danville, the seat of the convention, and considered at present the capital, is situated in the interior country upwards of eighty miles east of the Ohio and in a part well inhabited and improved. It contains upwards of 150 homes and some tolerable good buildings." A comparison with other towns in 1790 shows that Lexington had 834 inhabitants, Washington 462, Bardstown 216, Louisville 350, Danville 150. Washington, the ancient county seat of Mason (1788-1848), was

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located three and one-half miles southwest of Maysville and was practically its forerunner. Maysville was called Limestone from the landing at Limestone creek, until 1793. (*The Political Club.*)

In an educational way the Transylvania University, which was the first notable institute of learning, and for many years the foremost one west of the Alleghany Mountains, had its origin in Danville. It began as the Transylvania Seminary. The first meeting of the trustees was held at Crow's Station, near Danville, in November, 1783. The Seminary was opened at Danville on May 25, 1785, and continued there until 1789, when it was removed to Lexington and became the Transylvania University. Centre College, which for many years has been Danville's principal educational factor, began in 1819.

No doubt Ephraim McDowell received the best education that those early times and frontier conditions afforded, an education, however, according to our present standard, which could easily be termed limited.

Worley and James have been referred to by several as having conducted a school at Georgetown and later at Bardstown, and as having been among his teachers. He is also spoken of as having attended the academy at Lexington, Va. These points, although of no special importance, have failed in verification.

There were several schools in existence throughout Kentucky about this period, some of which escaped historical record. In 1786 a school was kept by Mr. Shackleford in Bardstown. This school was succeeded by one under the charge of Dr. James Priestly. Many of the pupils of this school became distinguished in after life; among them were Felix Grundy, John Rowan, and others.

Upon a little reflection, however, one is forced to the conclusion that the pupils of these schools as a

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rule added more lustre to the schools, than the schools added either lustre or learning to the pupils; and that, after all, their principal education came from the training they acquired through the times and the environment in which they lived, and not from the schools they attended.

McDowell was in his thirteenth year when he came to Kentucky. In his fifteenth year the Transylvania Seminary was opened, and in the following year the Political Club came into existence and continued until 1790. This club, for its time and in itself, constituted a liberal education. In 1793 he was a student in the University of Edinburgh and, for two or three years prior to his entrance in Edinburgh, he studied medicine with Dr. Alexander Humphreys, which fairly well rounds out the time and leaves but little if any opportunity for attendance at school in other parts of the state. In his nineteenth year, if not a little before, he began the study of medicine with Doctor Humphreys, of Staunton, Va., who was a graduate of the University of Edinburgh.

Doctor Humphreys had at the same time for a pupil his brother-in-law, Samuel Brown. Like McDowell, and no doubt upon the advice and through the influence of Doctor Humphreys, Brown also attended the University of Edinburgh.

Of Dr. Alexander Humphreys, the preceptor of McDowell, but little is known. From all indications he was the most prominent practitioner in Staunton. Aside from his standing as a physician, the records indicate that he held the office of commissioner, and in addition was one of the first trustees of the Staunton Academy, a high school for boys.

Although his name is usually spelled Humphreys, it is not uncommon to see it referred to as Humphries.

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He generally had students about his “shop,” who were being initiated into the mysteries of medicine, as the term was used.

About the latter part of 1787 or the early part of 1788, the mysterious disappearance from Staunton of an Englishman, and the subsequent finding in a cave of a bag containing the remains of a human subject, led to unpleasant and troublesome complications for Doctor Humphreys, as the following extract from the Augusta County records indicate.

August, 1789 (H to Z).

Alexander Humphreys vs. Michael Graham—Slander. Writ, 11th June, 1788. On June 9, 1788, defendant speaking of and concerning William Richardson Watson, who was supposed to have been murdered, and of the bones and remains of a negro found in a cave near the town of Staunton, who had been buried and again raised by the students studying physic under the said plaintiff and by them dissected, said plaintiff might have dissected him, the said William Richardson Watson, after he was murdered, and then he might have put him in the cave.

Alexander Humphreys vs. Samuel Merritt—Libel for printing in the Winchester Advertiser, a supposed copy of an inquest and deposition in above cause. (*Abstract from the Records of Augusta County, Virginia—Lockwood.*)

April, 1790.

Augusta Sec.—Inquisition at Staunton the nineteenth of May, in the thirteenth year of the Commonwealth, before Joseph Bell, gent, one of the coroners. Upon the view of the body of a person unknown in a cave, discovered by Michael Grove, John Robeson, Robert Jacobs,——dead and much consumed and upon oaths of (the jurors who sign below)——do say that he was a white man, and it appears to them from circumstances to be the body of a certain William R. Watson, who was an inhabitant of Staunton about November last, and that the said person has been murdered wilfully by some person or persons unknown to us. (Signed) Joseph Bell, coroner; John Griffin, foreman;

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Michael Garber, Samuel Merritt, William McDowell, Michael Sivert, Herman Lovingood, Owen Owens, James McLaughlin, Abraham Groves, Francis Huff, John Gordon, Henry Hauk, Robert Astrop, Hugh McDowell, Michael Cawley, James McGongal, Daniel Donovan.

Augusta Sec.—On the 9th day of June, 1788, came before me Joseph Bell, coroner, for said county, the subscribers being a majority of the within jurors, to take up the said matter from finding further testimony was to be had in the matter, caused to come before us Alexander Humphreys and William Wardlaw. After being sworn, Alexander Humphreys, deposeth and sayeth that about March last his students, William Wardlaw and James McPheeters, did take from the place of burial a negro and dissect him for their information and that he understood they sewed him up in a bag and put him in the cave within mentioned, and further deposeth that after a negro lays some time in his grave, the odds cannot be known between him and a white person as to color. Mr. Wardlaw deposeth and sayeth: That about March court last him and James McPheeters opened a negro grave and took therefrom the body in order to dissect the same for their insight in their business, and after doing so, did sew him up in a crokass bag and put him in the cave within mentioned, but sayeth when they took him up he appeared of an ash color and that, while they had him in custody, his color did not change as well as he recollects and further sayeth not. (Signed) Joseph Bell, coroner; Michael Garber, Daniel Donovan, Hugh McDowell, Michael Sivert, Herman Lovingood, Samuel Merritt, John Garden, James Megongal, Francis Huff, Owen Owens, James McGlachlin. (*Abstract from Records of Augusta County, Virginia.*)

September, 1791 (A to C).

Michael Garber vs. Alexander Humphreys—Malicious prosecution, slander and false imprisonment. Augusta, 6th, April, 1790, etc. (*Abstract from the Records of Augusta County, Virginia.*)

It is possible that this unpleasant experience influenced Doctor Humphreys in his removal to Kentucky where he spent the remainder of his days.

CHAPTER II

LEAVES FOR EDINBURGH—AMERICAN ASSOCIATES IN EDINBURGH—VACATION IN SCOTLAND—PROF. A. R. SIMPSON'S STUDY OF McDOWELL WHILE ATTENDING THE UNIVERSITY OF EDINBURGH—BECOMES A PUPIL OF JOHN BELL—SKETCH OF JOHN BELL—INFLUENCES OF THE FRONTIER, AND DEPENDENCE OF THE FIRST OVARIOTOMY UPON THE FREEDOM OF THE FRONTIER.

After leaving the tutelage of his preceptor, McDowell seems to have gone direct to the University of Edinburgh, where he attended the sessions of 1793 and 1794. His immediate companion was Samuel Brown, the brother-in-law of his preceptor. The others who attended Edinburgh at the same time were Speed, Brockenbrough, David Hosack, and John B. Davidge, nearly all of whom left distinct evidences of the activities that marked their subsequent careers. Several, while in Edinburgh, seem to have resolved to found a medical school after their return to America; at least we find Hosack, Brown, and Davidge in the rôles of founders of medical schools.

Of Speed and Brockenbrough, very little information is available, save that the former accompanied McDowell and Brown on a pedestrian tour of Scotland during their vacation. Samuel Brown, who was more closely associated with McDowell during his study of medicine and at Edinburgh than anyone else, was the son of a Presbyterian minister. He has been referred to as "the elegant and accomplished professor of theory and practice of medicine in the Transylvania University," and from birth enjoyed practically every conceivable advantage. Birth, education, family influence, opportunity, personal appearance, manners were his; in fact, he was favored in every way. After settling in Lexington on his return from Scot-

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land, Brown and Frederick Ridgeley became the first teachers in the medical department of the Transylvania University. His co-worker, Ridgeley, however, was of an entirely different type. If Brown was "the elegant and accomplished" Dr. Samuel Brown, Ridgeley was the vigorous and forceful Frederick Ridgeley, in whose "*shop*" the best of the earlier practitioners in the West received their inspiration and training, among them Benjamin W. Dudley, the most successful lithotomist in the state, and Walter Brashear, who did the first successful hip-joint amputation in the world. He was the surgeon-general of Mad Anthony Wayne in his Indian Campaigns.

In fact, Ridgeley's whole life was crowded with action, romance, and adventure, that on the whole have been as much overlooked in history as Brown's life has been enlarged upon. Brown is credited with being the first "American Physician to practice vaccination," an honor that Joseph M. Toner (*"Contribution to the Annals of Medical Progress and Education in the United States before and during the War of Independence"*) accords to Dr. David Ramsey for his introduction of vaccinations into South Carolina in February, 1802. But posterity's interest in Brown rests largely upon an unfortunate remark, which he is credited with making after his return from abroad. On a certain occasion he was asked his opinion of Dr. Ephraim McDowell, whereupon he is said to have replied, "Doctor McDowell went to Edinburgh a goose and returned a gander." Samuel D. Gross, in commenting upon this, said, "It is much to be regretted that we have not more birds of the same kind."

Another of McDowell's Edinburgh contemporaries was David Hosack, who went, however, not as a student but as a graduate, having received his degree from the

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University of Pennsylvania. Hosack was a tireless worker and, in the full sense of the term, a man of unusual ability. He was an intimate friend of Alexander Hamilton and stood by his side on that memorable morning when the duel between Hamilton and Aaron Burr was fought. He was an organizer of medical schools, the author of three volumes of medical essays, aside from biographies and other essays, and an excellent botanist and mineralogist, in addition to his surgical accomplishments. He was born in New York City and was the son of a Scotch artillery officer serving under General Sir Jeffrey Amherst at the re-taking of Louisburg. He studied at Edinburgh and later London. On his return he held the chair of botany and materia medica in Columbia College and later surgery and midwifery, when the College of Physicians and Surgeons was established, but later he relinquished the chair of surgery for that of theory and practice of physic and clinical medicine. He was a man of charming personality and had a large circle of distinguished friends. He died of apoplexy after attaining his sixty-sixth year.

The last of his associates abroad was John Beale Davidge, and according to Lunsford P. Yandell, Sr., it was through the interest of Davidge that McDowell received the honorary degree from the University of Maryland in 1825. This seems to have been the first degree that was conferred upon him. Davidge was one of the founders of the University of Maryland. He was born in Annapolis, the son of an ex-captain in the British army. On his voyage abroad, which was made in a sailing vessel, that, owing to rough weather, was for a time threatened with sinking, he had as shipmates Hosack, Brockenbrough, and Troup, all of whom traveled for the purpose of study abroad. This is the only reference to Troup

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discovered; of his subsequent movements after reaching Scotland no record is available. Davidge took his degree from Glasgow rather than Edinburgh for reasons of economy. This seems to have been the course followed by many other students at that time.

The two years that he spent in Scotland were to McDowell more like a dream than a reality. Coming as he did from a primitive, unsettled country to the home of his ancestors, a land wildly romantic, teeming with history, and picturesque in the extreme, with the feeling of both pleasant and profitable times ahead he doubtless felt a thrill of joy after the mysterious sea voyage, then so protracted, was over and he had at last reached his goal. Edinburgh was at that time considered the very capstone of the pyramid of medical education. To have been transported from one extreme to the other in so short a space of time, could hardly fail to be strangely fascinating to his young and receptive mind.

That he was not long in attracting the attention of his classmates is attested to by the fact that he was selected by them to defeat a boastful Irishman in a foot race. A race was arranged between McDowell and the Irishman for a distance of sixty yards and a stake of ten guineas. McDowell purposely allowed himself to be defeated. A second race was arranged for one hundred guineas and an increased distance, and in this the Irishman was badly beaten, to the gratification of the students.

His vacations were evidently as enjoyable as his college semesters were profitable. With his friends, Brown and Speed, the delightful Scotch summers were spent in pedestrian tours of that romantic country, visiting those to whom they had letters, and occasionally

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meeting one of their family connections. With a change of clothes in their packs, easy consciences, and light hearts, they moved about amid the heather and the highlands like three musketeers on adventure bent. It is said that when they reached the home of some distinguished person,

* * * they always hired a conveyance and, riding up in due form and style, were received accordingly. They, however, if their entertainment was to their liking, soon "let the cat out of the wallet"; immediately upon which all formality ceased, and they were carried about, all over the neighborhood, either on horseback or in a coach, as they happened to fall in with a commoner or a "gig-man," and exhibited to all sorts of people as gentlemen from the extreme backwoods of America. (*Gross.*)

In his university career, he leaned decidedly toward the more practical studies: chemistry in the beginning, and anatomy and surgery at the close. Even at that time, chemistry was an excellent companion study to anatomy and surgery, in that it tended toward directness, precision, and accuracy, all of which were essential in his training as a surgeon. Anatomy and surgery especially appealed to him; he had no enthusiasm for internal medicine. It is said that he went so far as to refer to medicine as more of a curse than a blessing to the human race, while surgery he characterized as "a certain branch of the healing art." It was only natural that he should think so, for such a view was in perfect accord with the ideas and inclinations of one who hailed from the edge of the frontier where deeds instead of expressions were the order of the day.

Prof. A. R. Simpson made a minute study of McDowell's movements while at Edinburgh. The results of this study were incorporated in his lectures at the University of Edinburgh in 1887.

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Some of the views that resulted from this inquiry are as follows:

In the roll of Session 1792-93 I find that Ephraim McDowell has inscribed his name.

It was not then the custom for the entrant to give his place of birth and residence. So he has simply signed his name, and opposite the signature the secretary has noted that he is entered to study chemistry.

In that subject he would come under the inspiring influence of Joseph Black, and, as he had no other university class that session, it was probably during it that he studied surgery with John Bell. In a biographical sketch of him by the late Professor Gross, of Philadelphia, it is stated very confidently that it was during his second year that he attended the lectures of that distinguished extra-mural teacher. But, when he matriculates for the second time, at the beginning of session 1793-94, he is entered for the classes of anatomy and surgery under the second Munro; practice of medicine under James Gregory; and botany under Daniel Rutherford; besides the clinical prelections in the Royal Infirmary.

With so much to do in his second session, and so little in the first within the university, it seems to me more probable that he had put himself under Bell's tuition during his first session here. (*Ridenbaugh.*)

In connection with the foregoing extract, the writer begs to suggest that most likely the version of Gross is the correct one. All references so far observed place McDowell's attendance during the session of 1793-94, except that of Professor Simpson, who refers to his matriculation in the session of 1792-93. Since this is taken from the matriculation register, it seems the correct one, and, furthermore, harmonizes with his plans of touring Scotland between sessions and his return to begin his career in 1795.

Therefore, it would be reasonable to conclude that McDowell matriculated late in the session of 1792 as

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Professor Simpson's remarks imply when he says: "But when he matriculated for the second time at the beginning of the session of 1793-94," and that he deferred his attendance with John Bell, as Gross suggests until the session of 1793-94, notwithstanding his other studies.

The records at the university library and his taking but the study of chemistry would strongly suggest that he did not enter until late in February, 1793, after the session was about half over, and his letter to his brother-in-law, A. Reid, dated March 4, 1793, written soon after his arrival, substantially supports this view.

Our librarian has shown me the library day-book of the time, from which it appears that throughout he had been greatly interested in the study of chemistry. On February 25, 1793, he had out Hopson's *Chemistry*; On March 11th, Hoffman's *Practice of Medicine*; March 25th, Chaptal's *Chemistry*; April 8th, vol. 11, of the same work, and on April 27th, Hamilton on *Female Complaints*.

During the summer he had ceased to borrow from the library, and he then may have been making the excursion through Scotland, described by Gross, in company with two of his compatriots, one of whom had been his fellow apprentice with Doctor Humphreys, of Staunton, and who enrolled himself in the same two sessions with McDowell as Sam Brown.

On September 25th a friend, James Cairns, a matriculate of 1793-94, gets Fourcroy's *Chemistry* for him; on October 3d he is at the library himself for Savary's *Letters on Egypt*; on October 15th he gets a volume of *Chemical Theses* and two volumes of *Medical Commentaries*, and the last entry is on October 29, 1793, when his friend Cairns gets for him Cullen's *Practice of Physic*.

Among the readers who must have rubbed shoulders with him at the librarian's table were Henry Brougham and Francis Horner; among the students who sat in the same classes with him were Monro Tertius, (Sir) William Newbigging, and John Bell's youngest brother, (Sir) Charles.

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Gross is uncertain as to whether he graduated here or not. But clearly he had not taken out the requisite courses to qualify, and his name is not to be found in our roll of graduates. (*Ridenbaugh.*)

It did not take him long to see that anatomy and surgery, if not better taught, were at least more interestingly taught on the outside of the university by John Bell than on the inside, exalted though the University of Edinburgh stood as a medical centre. He therefore, became a pupil of that wonderful man, John Bell. His connection with Bell was a fortunate occurrence. Bell could hardly have failed in supplying McDowell with an inspiration that most likely largely sustained him through his professional career. Bell doubtless forcibly depicted the hopeless status of ovarian tumors as it then existed, and the possibility in the future of a relief through surgery, as it had been cogently presented then and before his time by others who preceded him. McDowell no doubt received through his teacher a complete and common-sense summary of the entire ovarian question.

It now remained for McDowell to escape the conservative, and overshadowing influence of the university environment into just such a free atmosphere as his future home afforded. Then, the opportunity granted, he could be relied upon to supply the courage and the genius necessary for the accomplishment of the deed.

John and Charles Bell contributed so much, especially for that period, to the development of anatomy and surgery, that it is a misfortune, if not a distinct injustice, that so little is really known of their lives and their activities. This neglect has largely been overcome through the efforts of Dr. Eugene R. Corson, of Savannah, Ga. For this service the medical profession owes to

SKETCH OF JOHN BELL

Doctor Corson a debt of gratitude for his splendid sketches of John and Charles Bell.

This biographical contribution by Doctor Corson upon the Bells has made possible our own brief outline of the life of this eminent man.

John Bell was born in Doun Monteath, Scotland, on the 12th day of May, in the year of 1763. He was named after his grandfather, Mr. John Bell, a minister of Glads-muir, who was noted for his impressive eloquence and determination, qualities that later became manifest to a notable degree in his grandson. He preached the sermon upon the death of William III before the General Assembly of the Church of Scotland. He died at the early age of thirty-two, leaving several children, of whom William became most prominent through the important rôles enacted by his four distinguished sons.

The independence and fearlessness of William Bell are best illustrated through his change of faith from the Presbyterian church to the ministry of the Episcopal Church of Scotland, at a time when that church was under many restrictions and persecutions.

His first wife died in 1750. In 1757 he married Margaret Morice, the elder daughter of an Episcopal clergyman. Early left an orphan, she was educated by her grandfather, Bishop White, afterward Primus of Scotland. She had a talent for drawing which she transmitted to her children. Of these six children, four sons rose to great distinction.

Robert, the eldest son, became an advocate and professor of conveyancing to the Society of Writers to the Signet, and the author of Scott's Law Dictionary as well as several other works on the laws of Scotland.

George Bell, the fourth son, was a distinguished jurist and professor of law in the University of Edinburgh.

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The numerous contributions of Charles, the youngest of the brothers, upon the anatomy and physiology of the nervous system are comparable in importance to the discovery of the circulation of the blood by Harvey.

John was the second son. Under the influence of his accomplished mother he early showed signs of ability. He attended the High School and soon thereafter entered the University. He began the study of medicine as a special pupil of Mr. Alexander Wood, a prominent surgeon of Edinburgh; and to him he dedicated the first volume of his "Anatomy of the Human Body." Among his teachers in the university were Black, Cullen, and Monro, Secundus.

While still a student he became greatly impressed with the importance of the relationship of anatomy to surgery, which importance, strange to say, had been largely overlooked. This made such an impression upon Bell that he never missed an opportunity of emphasizing it with all the earnestness at his command. In fact, we believe that this same attitude toward anatomy which McDowell so strikingly displayed throughout his career was nothing less than a reflex from John Bell. In his preface Bell writes:

Of all the lessons which a young man entering upon our profession needs to learn, this is perhaps the first—that he should resist the fascinations of doctrine and hypotheses, till he has won the privilege of such studies by honest labor, and a faithful pursuit of real and useful knowledge. Of this knowledge, anatomy surely forms the greatest share. Anatomy, even when it is neglected, is universally acknowledged to be the very basis of all medical skill. It is by anatomy that the physician guesses at the seat, or causes, or consequences of any internal disease: without anatomy, the surgeon could not move one step in his great operations: and those theories could not even be conceived which so often usurp the place of that very science from which they should flow as probabilities and conjectures only, drawn from its store of facts.

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In style and sentiment, this strongly reminds us of McDowell's remarks on "the mechanical surgeon" in his reply to the criticism of Doctor Henderson, and we involuntarily think of Bell when we read McDowell's statement.

His date of graduation has been given as 1785 or 1786. In the latter year he became a fellow of the Royal College of Surgeons. Before beginning his career as teacher and surgeon he made an extensive tour through Russia and northern Europe.

In 1790 there was built for him a lecture theatre in Surgeons Square, where he gave a course of lectures, carried on his dissections, and formed a museum. Until 1804, when his brother Charles went to London, he had his help as demonstrator, as well as his artistic talents in the drawings of the dissections, and in the plates for publication. John Bell himself was no mean draftsman; he etched many of his own drawings, although in this he was excelled by his brother Charles. The affection which Charles bore his older brother bordered on reverence. He bowed to his critical judgment, and referred to him as his master.

To understand John Bell, to appreciate his character, and to comprehend the motive of his life, it is necessary to keep before us his militant nature that was continually directed against error and falsity on the one hand, and in favor of truth and justice on the other. No person, institution, or state, however respected or time honored, was spared. Error and falsity wherever they existed were attacked and exposed with all the earnestness of his soul. Compromise was not in his nature, and expediency found no place in his activities, for least of all did he spare himself.

He would accept nothing for himself unless he was clearly entitled thereto, but he would struggle with others

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to the last for his rights and his principles. He was a crusader for truth in general, and for scientific truths in particular. His life was so free from cant, expediency, and compromise, that he was continually at war with these forces that are never absent, and that unfortunately are the undesirable, and seemingly inseparable by-products of our civilization. He was of the material of which martyrs are made.

But he could well afford to be at war with the world over what he believed to be a just cause, since such a conflict meant peace with himself; to have attempted any other course would mean that a fiercer conflict would be raging within than the one that was in progress without. Measured by the ordinary standards which so frequently recognize success and advancement as the chief end of life, the price he paid was by many considered as prohibitive, but, measured by his own standard, namely—that no success was worthy of the name if it detracted in the least from his own self-respect—he could easily afford to continue in his own way, however prohibitive the cost appeared to others.

The University of Edinburgh, which was founded by James VI. in 1582, was one of the oldest and most respected institutions of learning then in existence. Notwithstanding its fame, whether through age, or a self-satisfied feeling of indifference, or both, it had drifted into customs that were not entirely to its credit. It is only necessary to mention two of these to illustrate our point. The chair of surgery was held by the Monro family in regular dynastic order for 121 years, and it has been intimated that the original talent quite naturally did not improve with each generation.

Alexander Monro, Secundus, was the teacher of surgery during the attendance of McDowell. The first

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Alexander Monro had been a pupil of Cheselden and Boerhaave. He became the professor of surgery in 1725 and he was also the founder of the Royal Infirmary.

The other feature that was discreditable to this venerable institution was the refusal of Charles Bell's proposal to pay the hospital one hundred pounds a year, and to transfer to it the museum he had collected on the condition that he be "allowed to stand by the bodies when dissected in the theatre of the infirmary, and to make notes and drawings of the diseased appearances."

If there were no other peculiarities than these, they were quite enough to call for a movement of reform; but where such a degree of nepotism could exist side by side with such an intolerant element of jealousy, it is safe to say that the faults were doubtless so evident that their exposure became a perfectly simple matter.

When John Bell returned from his tour of Russia, preparatory to the beginning of his career, he quite naturally turned to his alma mater as a proper field for his activities. But the projection of a character like John Bell into an environment such as that of the University of Edinburgh at that time was not unlike, in effect, the spraying of a fire with kerosene oil, with the hope of thereby extinguishing the blaze. The effect of this contact was not only both prompt and persistent, but as it progressed, it rapidly increased in intensity.

In 1799, the gathering storm finally broke. In that year there appeared a pamphlet entitled "Review of the Writings of John Bell, Esq., by Jonathan Dawplucker." This was issued with a double purpose: first, to exonerate Monro as an anatomist, and Benjamin Bell as a surgeon, from the unfavorable criticism of John Bell; second, to attempt to show that the first volume of John Bell's *Anatomy* was a plagiarism.

The writer of this anonymous attack was Professor Gregory. In John Bell's "Letters on Professional Character, etc.," addressed to Gregory, he writes: "With all your equivocations about Dawplucker, I well knew that under that title you threatened my character."

John Bell replied by publishing a second number of the Review, also under the name of Jonathan Dawplucker, and addressed to Benjamin Bell with severe reflections on his "System of Surgery." He vigorously attacked the stereotyped methods of both Monro and Benjamin Bell. He carried the students with him and Benjamin Bell's "Sytem of Surgery" lost its popularity.

Dr. James Gregory, the professor of physics in the university, who besides his great intellectual brilliancy, had behind him his father's reputation, and the momentum of inherited power, conceived the idea of excluding the younger members of the Royal College of Surgeons from practice in the Royal Infirmary, on the ground that the patients suffered from the constant changes in treatment in the monthly rotation of the surgeons. Bell fought the measure at every step. He appeared before the Board of the Infirmary and produced six folio books, filled with surgical drawings and cases, as evidence of his system of teaching and his need of clinical material; but they turned a deaf ear to him. He then brought the question before the law courts, whether they had the power to exclude him, and it was decided against him. Though Gregory carried his point he was subsequently severely censured by the Royal College of Physicians for violations of truth and unprofessional conduct.

Bell was appointed by the Royal College of Surgeons of Edinburgh to reply to the Memorial of Gregory, which he did in an octavo volume entitled "An Answer for the Junior Members of the Royal College of Surgeons of Edinburgh to the Memorial of Dr. James Gregory, on the Edinburgh Infirmary." This was published in 1800.

But the controversy did not end here. Ten years later he published a work entitled "Letters on Professional Character

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and Manners, on the Education of a Surgeon, and the Duties and Qualifications of a Physician, addressed to James Gregory, M.D., Edinburgh, 1810, 8vo."

This "Letters on Professional Character and Manners," etc., is indeed a most remarkable work, 636 pages of invective and righteous indignation, an expression of ten years of bitter controversy and professional strife. Gregory had seen fit in a quarto volume of 700 pages, full of scurrility and personal abuse, and even indecent jokes, to attack Bell and those junior surgeons whom he wished excluded from the Royal Infirmary. Copies of this work he had distributed gratis among friends and patients. He had even employed scurrilous handbills and posters distributed among the students and citizens generally. And to show him up to the world and to posterity Bell saw fit to write this book. Oh, the pity of it, that he should have been drawn into this strife! It was the great mistake of his life.

Brilliant as Gregory was and ever ready to quote his Virgil and Lucretius, he had an antagonist equally brilliant to answer him, and equally ready to quote from Latin literature and English literature, and to meet him on his own ground, and with his own weapons, and yet to be always the gentleman. Though Gregory gained his point, though he was the popular physician of the day and the brilliant lecturer in the university, and though fortune and prosperity followed him, I cannot accept Lord Cockburn's rather high estimate of his character. To me he seems mean and contemptible. He did no original work in science. He stands out a good example of mere intellectual brilliancy, as we use that term, without any abiding productiveness, or really contributing to anything. (*Corson.*)

From all this it is not difficult to see why McDowell arrayed himself with John Bell, nor is it difficult to understand the influence that this controversy would have upon one situated as McDowell was later in life.

The contributions of John Bell, however, were not all of a polemic nature.

In 1793 when he was at the age of thirty, there appeared the first volume of his "Anatomy of the Human

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Body." The next year appeared his "Engravings Explaining the Anatomy of the Bones, Muscles and Joints, Drawn and Explained by the Author."

Volume II on the "Heart and Arteries" appeared in 1797. The third volume on the "Brain and Nerves, the Organs of the Senses and the Viscera" was mostly the work of his brother Charles. In 1795, appeared his "Discourses on the Nature and Cure of Wounds."

His first volume of the "Principles of Surgery" appeared in 1801. The second volume: "Containing the Operations of Surgery," etc., was issued in 1806, and in the next year, the third volume, "Consultations and Operations on the More Important Surgical Diseases." This contained a "Series of Cases Calculated to Illustrate Chiefly the Doctrine of Tumors."

Most of these works passed through two or more editions; and some were translated and published in foreign countries, including American editions.

From this very brief and somewhat incomplete summary of the works of John Bell, it is obvious that he was a man of tremendous energy. Of course he was assisted in the production, as well as the illustrating, of these works by his brother Charles; in fact, new editions of some of his works were issued by Charles Bell.

Much as the labors of John Bell represent, they are scarcely comparable to the work of his younger brother, either in scope or in importance. The single discovery of the respective functions of the anterior and posterior roots of the spinal nerves places Sir Charles Bell in a class with Harvey and his discovery of the circulation of the blood. The works of Sir Charles Bell are so important and so numerous that space does not permit even a brief mention of their titles.

These two brothers were uncommonly interesting

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characters, geniuses, and incessant workers. Each through his brilliancy aroused, if not the enmity, at least the jealousy and the intolerance of his colleagues. The one combated this spirit with his militancy, the other, with an attitude of non-resistance.

Notwithstanding the kind, simple, open-hearted unaffectedness of Sir Charles Bell, his early experiences in both Edinburgh and London were hardly less bitter than those of his older brother, John.

The pathos of his situation and the tenderness of his nature, as well as the meanness of those about him during his early career in London, are strikingly shown in the following extract from his later writings.

"These days of unhappiness and suffering tended greatly to fortify me, so that nothing afterwards could come amiss; nothing but death could bring me to a condition of suffering such as I then endured.

I could not help regretting the noble fields that were everywhere around me for exertion of my profession, and which I found closed against me." (*The Practitioner*. Vol. lviii.)

John and Sir Charles Bell strongly remind us of two other brothers, also Scotchmen, whose names are perhaps the best-known of any English-speaking members of their profession, William and John Hunter. It may not be amiss to say here that, however able the Hunters were, especially John, the author believes that the laurels belong less to them than to the Bells, who with each year, as the knowledge of their tremendous joint labors and the results obtained thereby are more definitely understood, must continue to grow in importance and in fame.

In 1805, John Bell married Rosina, daughter of a retired physician, Doctor Congleton. The marriage seems to have been a happy one, though childless like that of his brother Charles.

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Although his income was large he seems to have lived in a style beyond his means. He lived at No. 9 George Street, at that time a fashionable part of the new town of Edinburgh.

He probably entertained much, for his musical parties were celebrated. His social gifts were many, especially his great conversational powers, with great learning, classical and artistic, and much general information.

He is described as "below the middle height, of good figure, active looking, and dressed with excellent taste; keen and penetrating eyes gave effectiveness to his regular features, so that his expression was of a most highly intellectual type."

Early in 1816 he was thrown from his horse, which was the beginning of ill health which never left him. In 1817, with the hope of recovering his health and strength he started with his wife for Italy. Even at the beginning of his journey, before leaving Paris, he was evidently aware of the serious nature of his illness, for he had jotted down in his note-book, so full of fine observations on art and architecture:

"I have seen much of the disappointments of life. I shall not feel them long. Sickness in an awful and sudden form; loss of blood, in which I lay sinking for many hours, with the feeling of death long protracted, when I felt how painful it was not to come quite to life, yet not to die, a clamorous dream! tell that in no long time that must happen, which was lately so near."

And yet with this consciousness of the approaching end, he wrote out, with the same interest and industry he had written out his voluminous clinical records, his impressions of travel, and of the art and architecture of Italy which he had learned to love with all the ardor of the Southern nature.

He died in Rome on April 15, 1820, dropsical and in great pain and suffering, and was buried in the Protestant cemetery.

Thus lived and died a great surgeon and a great man. He stood between the old medicine and the new; he saw the errors of the old, and helped prepare the way for the new. He was a worthy follower of John Hunter, for he taught a surgery on the basis of anatomy, and a pathological anatomy above all mere theories and opinions and disease; and last but not least, he taught a deliverance from mere authority and tradition by honest and ever-vigilant investigation. (*Corson.*)

In 1869 Sir James Y. Simpson visited the grave and had the stone repaired as a mark of his admiration. (*Corson.*)

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It is easy to understand how Bell charmed and attracted McDowell, and many of the other university students. Bell's¹ courageous, forceful and straight-forward manner could not fail to impress one who had become accustomed to such simplicity and directness. If we add to this his earnestness as a teacher and his ability as an anatomist and surgeon, the conclusion is irresistible that from Bell, McDowell received an inspiration that favorably influenced him throughout his entire career.

Bell and McDowell, teacher and pupil, represented the Old and the New World. Scotland and the British Isles are better understood, or, at least, their histories are more carefully and clearly recorded than that of the New World, whose history is not yet so fully understood, nor has it been subjected to that critical analysis to which the history of the Old World has been exposed.

¹With John Bell's struggle in behalf of the rights of the junior surgeons the author is in sympathetic accord, having recently taken an active interest in a similar movement that had as its object an equitable division of the educational advantages of the Louisville City Hospital, a municipal institution. This movement was opposed by the University of Louisville, also a municipal institution. Although both were municipal institutions and dependent upon the taxation of all, the educational advantages of the hospital were restricted to the minority, to the detriment of the major portion of the profession and their clientele who comprise the majority of the citizens, thus multiplying the injustice. The excuse that was offered for this unjust and selfish arrangement was that the interests of the indigent inmates demanded it. Through this an anomalous situation arose, a physician who was licensed to practice upon all classes within the community but outside of the hospital was considered unfit even under proper restrictions to practice upon the community's poor within the hospital. The denial of these educational advantages to the majority meant a denial of the opportunity for professional improvement on their part and its corresponding influence upon the services rendered their clientele. Either these educational advantages should, under proper rules, be granted or a deduction of that portion of their taxes apportioned to the hospital should be accorded to those who are denied its advantages. Any other course would mean taxation without representation, a condition that was directly responsible for the American Revolution. The remitted taxes might be used to assist those in securing elsewhere that post-graduate experience that is denied them in their own hospital. Thus, to have the cause for which John Bell so bravely struggled again rear its head more than a century later and in another land is indeed, a testimonial to the justice of his contention.

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Since the achievements of McDowell are among the most important of the contributions of the New World to humanity and since ovariotomy is so distinctly the child of the frontier, born amid its simplicity, its coarseness, its strength, and its daring deeds, it seems but proper to dwell more definitely upon the peculiarities of the frontier and its influence upon the evolution of the most vigorous period of the New World, as a contrast to the conditions that prevailed during the same time in the Old World. It has been so customary to refer to the hardships of the frontier, which were mostly misleading, that the many advantages of the frontier have in the past been almost entirely overlooked. If such a criticism is applicable to our own shores, it must be of even greater importance to other countries.

The history of the United States is largely the history of its frontiers. Too much importance cannot be attached to this fact, and Prof. Frederick Jackson Turner; *Report American Historical Association, 1893*, has rendered a distinct service in so clearly presenting this usually, more or less, overlooked phase of our development. The strength, weakness, virtue, vice, humor, bravery, ingeniousness, resourcefulness, and, in fact, all the peculiarities that characterize the American type, are mainly the result of the influence of the frontier. Most of our greatest leaders in every field of activity were frontiersmen, George Washington was such, so was Andrew Jackson and more strikingly may be mentioned the immortal rail splitter, Abraham Lincoln. Theodore Roosevelt, was the last of that class.

The first American frontier was the Atlantic coast line, and this at the same time served as the frontier of Europe. It was this frontier that soon began beckoning to the oppressed of Europe to come to the land of opportunity and freedom. This frontier differed from a European fron-

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tier in not being a fortified boundary line running through dense population. It had on its one side the great Atlantic that effectively separated it from the struggles, restrictions, and oppressions of the Old World, and on its other side was that unbounded expanse of wilderness, with a degree of potential wealth that surpassed the most extravagant flights of human imagination. When this became known the oppressed responded promptly.

When those plain, virile people with their pent up energies came to this land of freedom and opportunity, they naturally gravitated to where the most opposite conditions existed. It was not unlike the first law of motion, action and re-action. Therefore, they soon found themselves upon the frontier which was always the line "of most rapid and effective Americanization." The farther inward that the frontier was pushed, the farther it became removed from Europe, and the more it became removed from Europe, the more intensely American it grew.

Each frontier had some distinguishing feature, and each frontier made its corresponding contribution to the American character. As Turner has very clearly said:

In the crucible of the frontier the immigrants were Americanized, liberated, and fused into a mixed race, English in neither nationality nor characteristics.

The German and Scotch-Irish elements in the frontier of the South were only less great. In the middle of the present century (19) the German element in Wisconsin was already so considerable that leading publicists looked to the creation of a German state out of the commonwealth by concentrating their colonization. Such examples teach us to beware of misinterpreting the fact that there is a common English speech in America into a belief that the stock is also English.

The Atlantic frontier was composed of fisherman, fur-trader, cattle raiser, miner, and farmer. With the

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exception of the fisherman each of these types was represented in each successive frontier. The first march of the frontier occurred in the seventeenth century. It moved along the Atlantic river courses to the "fall line," and the settled area was the tide water region. By the end of the first quarter of this century the Scotch-Irish and Palatine Germans reached the Shenandoah Valley and Piedmont region of the Carolinas. About the close of the Revolution the frontier was pushed over the Alleghanies into Kentucky and Tennessee. This advance carried the McDowells into their future home. From Kentucky and Tennessee the frontier rapidly moved, in successive waves, westward over the great plains to and beyond the Rocky Mountains.

The "fall line" was the frontier of the seventeenth century; the Alleghanies, that of the eighteenth; the Mississippi, the first quarter of the nineteenth; the Missouri, that of the middle of the nineteenth, and the Rockies and beyond, later in the same century. California, owing to its coastal location, and the discovery of gold, became a law unto itself. So there occurred the trading frontier, the farming frontier, the herding frontier, and the mining frontier. Each was predominantly of one kind and while blended with the other types of frontiersmen, each frontier was influenced by, as well as exerted an influence upon the forces to which it was exposed. As they moved onward the settled rear continued to grow in power, wealth, and importance.

Soon after the frontier passed the Alleghanies, a conscious West with its more intensely American characteristics arose and following this the West and the East to a certain degree grew apart from each other. In fact, the East attempted to curb this westward expansion with its attending independence. Just as the buffalo trail gave way

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to the Indian trail, this in turn widened into roads, and from roads evolved the turn pikes, and from turn pikes the railroads.

Stand at Cumberland Gap and watch the procession of civilization, marching single file—the buffalo following the trail to the salt springs, the Indian, the fur-trader and hunter; the cattle-raiser, the pioneer farmer—and the frontier has passed by. Stand at South Pass in the Rockies a century later and see the same procession with wider intervals between.

So with the passing of the frontier with its characteristic freedom, its initiative, and daring spirit came to a close the first and what many may consider the most vigorous and golden period of our evolution, if not our existence. We pass into the second period of our existence and that in comparison with the first is marked by the relative absence of a vast region of potential wealth, at least, within our original territory, and instead of a degree of freedom that inspired the daring and that led to the great deeds that mark our first period we see a restriction of this freedom.

We are still a republic in name, but we are an empire in size and spirit. From our former beckoning to the oppressed of the Old World to seek a haven of freedom and opportunity in the New, we now scrutinize and restrict them, largely owing to our surplus lands being occupied and from the aims of the Pilgrims, who literally speaking camped in the corn fields of the Indians, and who only asked the privilege of being permitted to live their lives after their conscience, we have gradually reached the aims common to all empires.

CHAPTER III

McDOWELL LEFT EDINBURGH WITHOUT HIS DEGREE—NOTABLE CONTEMPORARIES DURING HIS CAREER—TRANSYLVANIA UNIVERSITY—CHARACTERISTICS OF HIS PRACTICE—HIS PRICELESS SERVICE TO HUMANITY.

WE are justified in the belief that McDowell left Edinburgh without his degree, although some of his relatives claim that he received it. Upon this point Gross writes:

I am not able to say, from the facts before me, whether Doctor McDowell was graduated at Edinburgh or not. His brother, Colonel McDowell, states that he was, and in this opinion he is joined by his son, as well as by his nephew, Dr. William A. McDowell. My belief that he did not take a degree in Scotland, is based upon three facts: first, that no diploma of the kind has been found among his papers; secondly, that Dr. Samuel Brown, his classmate at Edinburgh, solicited him, after he had attained to eminence in his profession, to permit him and his friends to draw up an account of his cases of ovariectomy, in Latin, in order that it might be sent to Edinburgh, to secure him a degree; and thirdly, that in 1825, the University of Maryland conferred upon him the honorary degree of Doctor of Medicine, a circumstance which would hardly have happened had he been a regular graduate. Be this as it may, the fact that he was or was not a graduate ought not in the slightest manner, to derogate from his character as a professional man, especially when it is recollected how much more difficult it was then than it is now to obtain a degree in medical schools.

To this may be added the testimony of Prof. Simpson, who says: "But clearly he (McDowell) had not taken out the requisite courses to qualify, and his name is not to be found in our roll of graduates."

Furthermore, in support of the foregoing, it must be remembered, that at that period, and for some time thereafter, it was not unusual for students to leave their

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colleges before receiving their degrees. In fact, degrees then did not mean what they do today, and the attendance at a college was rather to secure the knowledge, than to secure that which, in a manner, represented the knowledge. In McDowell's case the element of expense, in all probability, figured even more than it did in his friend Davidge's, who left Edinburgh, as it was not uncommon for students to do, to take his degree at Glasgow, since such an arrangement was more economical.

The following two letters, borrowed from the biography written by his granddaughter, Mary Young Ridenbaugh, who secured them from Col. J. McD. Alexander of Virginia, are interesting not alone in explaining McDowell's financial resources while at Edinburgh, but in throwing a sidelight upon the politics and the economic development of Kentucky at that period.

The first was from his father, the second from his brother-in-law, Mr. A. Reid, of Rockbridge County, Virginia. Attention is called to the time required for McDowell's letter, which was dated March 4, 1793, to reach his brother-in-law, who replied promptly in a letter dated August 25, 1793.

Mercer County, State of Kentucky,

February 10, 1793.

Dear Ephraim:

I have not heard from you since you left Rockbridge, and am very anxious to hear of your safe arrival in Scotland. I can with pleasure inform you that myself and all your friends in Kentucky are well, for which we have reason to be thankful to the great Author of our Being. We have not anything worth communicating since I wrote you last, when you were in Rockbridge. Our new government seems to go on middling well, but our legislature seems very parsimonious. They have given our government £300 a year, and the judges of the Court of Appeals £200. The secretary £100 and the auditor £100.

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The treasurer £100 and the judges of the court of Oyer and Terminer £30, but it is supposed that they will increase their salaries at their next meeting; but I rather think they will not, as it (is) popularity the most of the members are seeking, and not to do right if they even knew it. The seat of government is fixed at Frankfort, Kentucky, on the Kentucky River, where I have got a lot or two, one of which is for you, if you live to return, and choose to come to Kentucky, which I wish you to do.

I would be glad to hear how you like your situation there, and how long you think it will be necessary for you to stay, for I assure you it will be very hard for me to send you a supply of money. But I will endeavor to support you if in my power, and to enable you to bring with you some books, and a quantity of medicine to serve you some time, and to set up a decent shop. But I fear I will not be able to send you money sufficient. But if you had it in your power to get credit for some of which you might think would be necessary, I will, I hope, be able in a short time after your return, to make a remittance to pay for the medicine. Is there no person trading to Scotland to whom you could apply?

But I need say no more on the subject for it is not to be expected that any person there could place so much confidence in you as to give you credit for one hundred pounds worth of books and medicine, and you must try to do the best you can, and steward well the little money you took with you. I may be able to send you some, which may be about fifty pounds. I will send you more if you need it, and it will be in my power.

Give my best compliments to Mr. Brown and Mr. Watkins. Tell Mr. Brown his brother James is well; also tell Mr. Watkins I saw his father not long since, who was well and had got a letter from him. Your mother seems to think much and longs to see you once more in Kentucky. You know of my small misfortune in my speaking. I am almost now persuaded that what Doctor Humphreys said is the case (to wit), a swelling in the glands about the root of the tongue, as sometimes, especially in the morning, you would not observe it to hurt my speaking and I feel no difficulty, and after some times in the day it grows worse. Try and find out if any such case happens in the course of your business that you may help me. Let it be the swelling

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of the glands, or what I suspected, a touch of the palsy, I only add my best wishes for your happiness, and believe me to be your affectionate father,

SAMUEL McDOWELL.

N.B.—Your mother sends her blessings to you and hopes you will not forget your duty to God, who has always been so kind to you.

Direction:

Mr. Ephraim McDowell, Student,
Edinburgh,
Scotland.
Care of Col. Gamble,
Richmond.

Rockbridge, Virginia,

August 25, 1793.

Dear Ephraim:

I have just received yours dated March 4th last, by which I was agreeably informed of your safe arrival at Edinburgh. The opportunity you had of seeing so much of that old and well-cultivated country, must have been very agreeable. I hope it has and will ease your mind on that score until you complete your studies.

I hope you will not take it amiss of a friend, to repeat the necessity of your diligence.

Your father has, I expect, written you that he means to furnish you with £300, including what you took with you from home; which, from the statement in your letter of the necessary expenses, I am afraid will scarcely be sufficient without very great economy.

I have had letters from Kentucky lately; your friends are all well there. Indians are still very troublesome on the frontiers from North to South. A treaty has been proposed by the government, I suppose more with a view of quieting the minds of members who are averse to the war, than an expectation of *peace*. By every act the Indians refuse treating on any other terms than making the Ohio River the line, which never will be complied with by the Government. The President¹ has called on the State of Kentucky for fifteen hundred volunteers. It is said they (with a considerable addition) will march about

¹General Washington.

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the first of next month. Report says that the commissioners who were sent to treat with the Indians are made prisoners and not permitted to return.

We have agreeable news from France lately. It is said they have beat the combined armies, both by sea and land, and I hope will continue to do so until their freedom is established; should the reverse take place the consequences might be of a serious nature to America. There is scarcely a doubt that the combined powers would attempt to suppress republicanism here.

Your brother Caleb came in about the first of March; he will stay with me perhaps three years or better to learn the business of the office. When you return will expect you to take Rockbridge in your road to Kentucky. Doctor Falconer left Lexington in the spring and returned to the State of New Jersey. He sold out his shop of medicine to Doctor Campbell, who succeeded him in the practice and is in pretty good esteem. Doctor Falconer is expected every day to return. He intended settling in Buckingham County on the James River.

In addition to the medical faculty at Staunton, there is a Doctor McIntosh, who by a pompous advertisement, offers his services, and in order to introduce himself he says he studied at Edinburgh and attended the lectures of Mr. Monroe. Your sister, Caleb, Sallie, and the rest of the family join me in compliments to you. I am, dear Ephraim, respectively your friend and brother,

A. REID.

Ephraim McDowell,

Edinburgh, Scotland, 1793, A.D.

From all this we can safely assume that he did not receive his degree from Edinburgh, and this likely was due in part to his lack of funds on the one hand, and possibly even more so to the idea that after all he went to Edinburgh, not so much to secure a degree, as to acquire a sufficient knowledge of medicine to enable him to engage intelligently in the practice of his profession.

He returned from Edinburgh in 1795 and began the practice of medicine at his home in Danville, which was to be the place of his future activities.

McDOWELL. LEFT EDINBURGH WITHOUT DEGREE

As for the size of Danville, in Lord Dorchester's document to Lord Sidney in 1789, he refers to Danville as the capital and as "containing upwards of one hundred and fifty homes and some tolerable good buildings." This was six years prior to McDowell's return. In 1850 the earliest accessible census of Boyle County, in which Danville is located, gave it 9,116 inhabitants. (*Collins.*) This was fifty-five years after his return; so we may conclude that Danville had less than 1,000 inhabitants when he began his career.

Although it is evident that he settled in what may be called a small country town, the size of the place in this instance should not be taken as a criterion, for what Danville lacked in numbers, it more than counterbalanced in the importance, and the character of its inhabitants.

While no longer the capital of the state, it was still, to some extent, the centre in which the politics involving the development of the state was threshed out; and for a time moreover it was in addition a hot bed of international intrigue, involving British, French, and Spanish interests, on which the permanency of the newly formed government of the United States depended more than is generally realized.

The Spanish Intrigue, involving the free navigation of the Mississippi River, so vital to the very existence of Kentucky, and to the entire West, and the continued existence of fortified British outposts, which encouraged and aided the hostile Indians in their depredation, were matters of the first importance and continued until they were settled by that intrepid but neglected leader, Gen. George Rogers Clark.

Few of us at the present time have but the slightest idea of the importance of Kentucky's rôle, not only in shaping the development of the West, but in protecting

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the East. It acted as a buffer in the regions beyond against the British and Indians, who were always on the alert for the opportunity of harassing the frontier which Kentucky represented, if not of pressing onward and endangering the newly formed government.

Therefore Danville, at that time, possessed an importance out of proportion to its size, and, even when some of its importance was transferred to Lexington and Frankfort, these two places were still within easy reach of it even in those days of primitive travel. Thus McDowell began his career in an active, aggressive, and independent environment, although the place was a small one and was located in a wild and undeveloped country, in which, even as late as 1810, one year after he performed his first ovariectomy, there was passed a scalp law allowing pay for the scalps of wolves.

As professional contemporaries, he had at the outset his old classmate, Dr. Samuel Brown, and Dr. Frederic Ridgeley, both of whom were at Lexington.

Of Brown we have already spoken, but Ridgeley deserves a few words in addition to the former reference.

He was born on Elk Ridge, Anne Arundel County, Maryland, May 25, 1757. He began the study of medicine in his seventeenth year and in his nineteenth was made surgeon to a corps of riflemen raised in Virginia and the part of Maryland adjoining. With these he arrived before Boston a few days after the battle of Bunker Hill.

He followed the army of Washington through the trying times of 1776 and 1777. He studied in Philadelphia and strengthened his already existing friendship with Rush, to whom he bore, in appearance and manner, a striking resemblance. This friendship lasted through life. While he was ship-surgeon, his vessel was captured after

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a severe engagement in Chesapeake Bay and he escaped by leaping overboard and swimming two miles to shore. In 1790 he came to Kentucky, settling in Lexington. From here he served as surgeon in several Indian campaigns. In 1794 he was appointed Surgeon-General to the army of General Anthony Wayne. After that campaign he returned to Lexington in 1799, where he with Dr. Samuel Brown became the first teachers in the medical department of the Transylvania University. He held the chairs of *materia medica*, mid-wifery, and the practice of physic, and Brown held the chairs of chemistry, anatomy, and surgery.

Ridgely was probably the first instructor in medicine west of the Alleghany Mountains. Even before the organization of the medical department of the Transylvania University, his "*shop*" was thronged with pupils, many of whom became distinguished practitioners in the West. Prominent among the number were Benjamin Winslow Dudley and Walter Brashear. He died while on a visit to his daughter at Dayton, Ohio, in his sixty-eighth year.

These were the only early contemporaries about whom we have any record; later came Walter Brashear, who in 1806 performed the first successful hip-joint amputation. This was three years before McDowell's first ovariectomy. Brashear's case was not the first hip-joint amputation, as many believe, but it was the first successful one. Baron Larrey antedated Brashear by seven years. Da-Costa in referring to this in his sketch of Larrey read before the Johns Hopkins Historical Club, February 12, 1906, says:

He tells us that at the Siege of Acre there were two thousand wounded; and that seventy amputations were performed, two of them being hip-joint amputations. One of these patients seemed on the high road to recovery, when he took the plague

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and died of it. The other one died of shock. At the time, it was considered useless to attempt hip-joint amputation. Larrey advocated it, in spite of Pott's view "that it is a bloody, dreadful, and unjustifiable procedure." Larrey was seven years ahead of Brashear of Kentucky in its advocacy. In his later campaigns, he twice performed this operation with success, although Brashear's success in 1806 antedated Larrey's by several years.

Brashear came from Maryland. He was born in Prince George County on the 11th day of February, 1776, and came with the tide that immigrated to Kentucky at the close of the Revolutionary War, settling near Shepherdsville. He attended the literary department of the Transylvania University. In 1796 he began the study of medicine under Ridgeley, but attended lectures at the University of Pennsylvania.

In 1799 he sailed to China as surgeon to the ship *Jane*. While in a Chinese port, he surprised the Celestials with his surgery, amputated a woman's breast, and incidentally acquired the art of clarifying ginseng, which helped to develop his latent mercantile tendencies to the detriment of his professional possibilities.

The hip-joint amputation also a product of the frontier with which his fame is associated was performed upon a male negro slave seventeen years of age, belonging to the monks of St. Joseph's College of Bardstown. The indication for the operation was a fracture of the thigh, with an extensive injury to the soft parts. It was performed in the presence of Dr. Burr Harrison and Dr. John Goodtell. The patient recovered and lived many years thereafter.

In 1813 he left Bardstown and moved to Lexington, where he practiced medicine for four years. In 1832 he moved with his family to the parish of Saint Mary, Louisiana.

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He was a many-sided character, doctor, lawyer, legislator, naturalist, and merchant. The many-sidedness of his character was no doubt largely developed by his early travels.

It is common, at least in Kentucky, to hear the names of Brashear and Dudley mentioned in the same breath with McDowell's, as though they really were his contemporaries. Strictly speaking, McDowell and Dudley, in particular, were hardly contemporaries, and the explanation for this intimate association of names lies in the fact that they were all men of large calibre and that each left a distinct impression in the early medical history of Kentucky—McDowell, through his ovariectomy, Brashear, through his hip-joint amputation, and Dudley, through his record as a lithotomist and his many years of activity as teacher in the medical department of the Transylvania University. In the passage of time, an indifference as to the exact period and activities of each has arisen, and thus the inaccurate habit of associating them as of the same date and continued activity has grown.

McDowell began his career in 1795, whereas Brashear's professional career, which was varied and broken, in addition to his activities in Bardstown, consisted mainly of the four years in Lexington between 1813 and 1817. Dudley was but ten years of age when McDowell began to practice; and although we may almost say that he was coming on the stage as McDowell was preparing to leave it, his rôle was such an important one and his name so intimately linked like a twin star to that of McDowell's as to make a sketch of Dudley somewhat of a necessity.

For a time at least his name was a more popular one in Kentucky than McDowell's, and if we omit the ovariectomy from McDowell's achievements, it was deservedly so. Dudley's fame rested mainly upon his success as a

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lithotomist, and his extensive and intimate association, extending over a period of thirty-five years with medical men, first, as their teacher while in the medical department of the Transylvania University, and later, as their associate and consultant.

Dudley was born in Spottsylvania County, Virginia, April 12, 1785. His father, Ambrose Dudley, was a captain in the Revolutionary War and later a Baptist minister in Kentucky. He received such education as the ordinary schools of his day and place afforded. He made no pretensions to Greek or Latin, and his French he acquired while abroad. He hardly fulfilled the definition of a student, nor had he any literary inclination.

At an early age he was placed under the tutelage of Dr. Frederick Ridgeley, who in all probability fired the latent qualities of Dudley, much as John Bell made his lasting impression upon McDowell.

In the session of 1804 he attended the University of Pennsylvania and had as his fellow students Daniel Drake, John Esten Cooke, and William H. Richardson, all of whom were later associated with him as teachers in Transylvania. He returned to Lexington after his first session in the University of Pennsylvania and during the spring and summer of 1805 engaged in the practice of physic and surgery with Dr. James Fishback, who acted both as preceptor and partner to Dudley. Fishback, who held the chair of professor of theory and practice of physic in the Transylvania University during the session of 1805, is characterized as "an eloquent, learned, though erratic divine, an able writer, a physician in good practice, an influential lawyer, and an upright citizen."

In the fall Dudley resumed his studies in the University of Pennsylvania, receiving his degree in the spring of 1806. After a few years of practice at Lexington, in

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1810, he descended the Ohio River in a flat boat to New Orleans. Here he purchased a cargo of flour and sailed on a prosperous voyage to Gibraltar. After disposing of part of his cargo at Gibraltar and the remainder at Lisbon, he made his way through Spain to Paris. He spent four years studying in Europe, principally in London and Paris, and during this time he traveled for six months in Italy and Switzerland.

In his manners he was French, in his methods English. Larrey, the surgical genius of the Napoleonic wars, came in for a large share of Dudley's admiration, but the hard sense of the English appealed more strongly to him. Abernethy, he regarded as the leading surgeon of Europe, and Sir Astley Cooper was his ideal operator. He returned to Lexington in 1814 a member of the Royal College of Surgeons. Through a fire in the London custom house, he had the misfortune of losing his books, instruments, and a cabinet of rare minerals (*Collins*). In 1815, the year after his return, he was made professor of anatomy and surgery in the medical department of the Transylvania University. These chairs he held until 1844, after which he retained only that of surgery. In 1850 he resigned and was made emeritus professor.

During his association with his former classmates as teachers in Transylvania, a quarrel arose between Drake and Dudley over a post-mortem examination of an Irishman who had been killed in a fight. On account of this quarrel and Drake's resignation, sharp pamphlets passed between them, which resulted in a challenge from Dudley to Drake, that was vicariously accepted by Drake's friend, Dr. Wm. H. Richardson. In the duel, Richardson in the first fire received a serious wound in the region of the groin. Dudley promptly asked permission of his adversary to assist in arresting the hemorrhage, and by digital pres-

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sure over the ilium enabled Richardson's surgeon successfully to apply a ligature. This magnanimity on the part of Dudley resulted in a reconciliation with Richardson and the establishment of a permanent friendship.

He is credited with having performed lithotomy, in the course of his life, two hundred and twenty-five times, and it is said that it was not until about the hundredth case that he lost a patient. He performed the lateral operation, his favorite instrument being the gorget invented by Mr. Cline, of London. He laid great stress upon the preparatory treatment, to which he was more inclined to attribute his success, than to his superior skill. According to Gross, he was the first to ligate the subclavian artery. This he performed in 1825 for the cure of an axillary aneurysm, which was described as "larger than a quart pitcher." In 1841 he successfully ligated the common carotid artery. All this was prior to the era of anæsthetics. The stress he laid upon the use of boiled and boiling water in surgery is worthy of comment. He died at his suburban home, Fairlawn, near Lexington, in the eighty-fifth year of his age, from apoplexy, after an illness of two hours.

The colleagues with whom McDowell was more immediately associated while in practice will be referred to further on.

The Transylvania University in which Dudley enacted his life's rôle was established at Lexington on December 22, 1798, three years after McDowell's return from abroad. The union of the Transylvania Seminary, which was located near Danville, and the Kentucky Academy, resulted in the formation of the Transylvania University.

This was the first university west of the Alleghany Mountains, and for three-fourths of a century it continued in its useful educational rôle. The history of the medical

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department, we may say, represents the history of Dudley's life. With his entrance it rose and prospered, and with his exit it declined and faded away. The records show that in the thirty-nine years of the existence of the medical department of the Transylvania University, it taught 6,456 pupils, and it conferred degrees on 1,881 (*Filson Club Publication, No 20*).

After a useful and enviable career the Transylvania University began to decline. Thomas Speed (*Filson Club Publication No. 11*) referring to its decline, says: "It was doomed, however, to be sacrificed upon the inconsiderate altar of denominational antagonisms. Different and opposing religious sects struggled for its control, and in the conflict the university was consumed by the fervor of their contest. The history of various countries is full of bad deeds, done in the good name of religion, but Kentucky has witnessed but little if anything, more sad than the quarrels of her religious denominations which were so disastrous to Transylvania University."

Although McDowell began his career in a small frontier town, his extensive and influential connections, the *eclat* of his foreign training, and the absence of any competition quickly brought results. In a short time an extensive practice covering what then was the entire Southwest rapidly sprang up. Ridgeley and Brown were in Lexington, but although they were well known and in high standing, they could hardly be counted as surgical competitors. Brashear, with his short and varied activities, came later and likewise did not come in competition with McDowell. Dudley, it might be said, came upon the field after McDowell had completed the best portion of his life's work. Therefore, it would not be incorrect to say that McDowell was and for some time continued to be the first surgeon west of the Alleghany Mountains.

His practice extended over hundreds of miles around, and those who were unable to call upon him were called upon by him. This was in the beginning before the days of roads or the stage coach, and these calls were made on horseback at times through trackless regions. The Indians were still with us and the wolves were plentiful enough to justify the enactment of a scalp law intended for their extermination, even as late as 1810.

Some of these calls meant absence from home in the wilderness for a week or more; in others, a surgical operation was involved. When we consider that all of this was prior to the use of anæsthetics, and compare the dangers and difficulties, the crude simplicity and the absence of all trained help, that marked the surgery of his career, with the surgery of today, with all of its comforts, aids, safeguards, and its otherwise wonderful complexity of detail, we almost think of him as operating and practicing in the "stone age" of surgery.

He performed not only all of the operations known to the surgery of his day, but, staged as his activities were in this crude, wild, but picturesque setting, he added, singly and alone, through his ovariectomy, infinitely more to the art of surgery during the short space of his career, than all of the rest of the surgical world combined added in the same number of years, during the same period.

When he gave to the world his ovariectomy, he laid the cornerstone of the most wonderful and fruitful domain of surgery ever known to the human mind.

He placed in the diadem of the art and science of surgery its most brilliant gem and in the eons of time becomes the indirect emancipator of countless millions of human beings from protracted suffering and premature deaths. But after all this priceless service, he practically remains unknown and unhonored.

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Up to 1828, two years prior to his death, he performed thirty-two lithotomies without the loss of a life (*Gross*). One of these patients was no less a person than James K. Polk, who later became President of the United States and who ever afterwards held in grateful remembrance the surgeon who made his career a possibility. The operation was performed in 1812.

McDowell practiced the lateral operation and in his early career opened the bladder with the aid of a gorget, but later opened the bladder through direct dissection.

Though lithotomies and hernias come in for special mention, he undoubtedly performed all the operations of emergency or otherwise common to the surgery of his day. In this connection it is unfortunate that so little is known of his surgery, for no doubt many interesting surgical experiences, encountered in what we would now call a unique surgical environment, are forever lost to us.

Extravagant claims have been made for him in connection with cases of Cesarean section, supposedly performed in this country and abroad, but the foundation for these claims is so remote that we dismiss them as one of the several myths associated with his life.

He made it a rule not only to study his surgical cases carefully and to prepare them through preliminary treatment, but moreover to rehearse the anatomy and steps of the operation, as well as to drill his assistants in the rôles they were to enact.

By preference he operated on Sundays, a practice that was in a measure followed by some of his successors in early Kentucky surgery. The reason given by some for this preference is that he liked to have the benefits of the prayers of the church. Although McDowell was undoubtedly a religious person, we are not sure that this was the only reason, and we do feel that in the case of his

followers it was not the principal reason, if it came in for a share at all. What seems more probable is that Sunday was given the preference because in those days surgical operations had an entirely different significance from that which they have to-day, and because it was the most quiet and restful day of the week, with everyone more or less disengaged.

In his movements he was deliberate and accurate, and the intensity of his concentration was marked by the degree with which he perspired when operating, even in wintry days. To his patients he was kind, sympathetic, and inspiring. He continued to cultivate his anatomy through regular and systematic dissections, a practice not easily carried out in those days and unfortunately far too much neglected in these.

This practice if not acquired through the direct influence of Bell, who dwelt much upon its importance, was no doubt accentuated by it, and was carefully transmitted by McDowell to his pupils.

CHAPTER IV

THE MEMORABLE CASE OF MRS. JANE TODD CRAWFORD—McDOWELL'S DEFENSE OF HIS CLAIMS—ANALYSIS OF THE OPERATION—LOCATING THE OPERATING ROOM—THE TRADITION OF THE MOB—HIS RIGHTS TO THE TITLE OF FATHER OF OVARIOTOMY AND FOUNDER OF ABDOMINAL SURGERY.

On December 13, 1809, fourteen years after he began the practice of medicine, he was called to see Mrs. Jane Todd Crawford, the wife of Thomas Crawford. She lived on the land known as Motley's Glen on the waters of Caney Fork, nine miles southeast of Greensburg and about sixty miles from Danville. This is the woman who for a century has been referred to by one writer or another merely as Mrs. Crawford.

When McDowell and his memorable patient met, it was a case of a daring man and a courageous woman coming together to settle a problem; and when two such elements meet, action always results, and it usually ends in the solution of the problem. In this case the solution was not only the best one, but the full extent of its benefits, although at the time unknown to either of them was destined to spread and enlarge in scope through the eons of time to the benefit of numberless millions of human beings, suffering not alone from ovarian tumors, but from any other abdominal condition of a surgical nature.

For a time Mrs. Crawford was thought to be pregnant, but as she had far exceeded the usual period, it became evident that some other condition existed and McDowell was sent for.

Accounts exist, giving in detail a recital of what passed between the two; but what really occurred is mere specu-

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lation, and, barring the terse statement he made in his published report, namely:—

Having never seen so large a substance extracted nor heard of an attempt or success attending any operations such as this required, I gave to this unhappy woman information of her dangerous situation. She appeared willing to undergo the experiment, which I promised to perform if she would come to Danville—

will in all probability never exactly be known.

On such occasions historians are absent; moreover in those times notes were seldom kept by anyone, and from all accounts surgical notes by McDowell, never. The operation itself was not recorded until seven years thereafter, and when recorded, its text was such as to excite suspicion. The only conclusion that seems at all admissible under such circumstances is that after the examination to which he refers, the case was studied from every angle; for this we know was his usual method, and this case being an entirely new departure in surgery, he doubtless gave it additional consideration.

Realizing to a greater or less degree the increasing intensity of the discussions, that by this time had been in progress for fully a century, upon the hopeless nature of this condition, and the possibility of relief only through surgery, after satisfying himself of the correctness of his diagnosis he did exactly what a sensible and courageous man would be expected to do.

The fact could no longer be overlooked that further discussion would not advance the status of ovariectomy in the least, and that the time for action was unmistakably at hand.

But here is where McDowell's good fortune in living on the frontier of civilization, in an unusually free environment, and amid self-reliant and courageous people, became manifest.

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It was these circumstances, more than anything else, that made it possible for McDowell to aspire to the honor of being the first ovariologist. Had he lived under the overpowering shadow of a famous university, it is safe to say that he would never have had this distinction.

To feel certain of this, we have but to study the attitude of John Lizars, also a pupil of Bell. Lizars, if not a better surgeon than McDowell, was at least, through his many opportunities, a far more experienced one, and certainly a more thoroughly trained anatomist. He was considered one of the ablest men in Edinburgh, and so well was he thought of that Bell made him his substitute while he was on his final journey to Italy.

Although McDowell had sent to Bell a report of his three cases, all of which were successful, and this report had fallen into the hands of Lizars, owing to Bell's absence, it failed to move him to action. When Lizars received McDowell's report, seven years had elapsed since the first ovariectomy, and Lizars allowed seven more to pass before he accorded it any real recognition. This is the basis for the belief that the report of McDowell made no more impression upon Lizars than it made upon our own Phillip Syng Physick.

When Lizars finally did act, although he was a more experienced surgeon and a better-trained anatomist than McDowell with all the surgical facilities which that period (fourteen years after the first ovariectomy) supplied, and notwithstanding the added assistance of his university colleagues, he not only failed in his diagnosis, but floundered about in what resulted in being only an exploratory incision. This was in October 1823. During the year of 1825 he made three additional attempts, February 27, March 22, and April 24; of these, one died, one recovered, and in one the operation was abandoned.

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The effect of this experience was such that ovariectomy was abandoned in Scotland for twenty years, or until 1845, when it was revived on September 5th of that year, by Doctor Handyside, of Edinburgh.

From this it is obvious that these so-called advantages, which Lizars is supposed to have enjoyed, were no more than so many embarrassments, from which McDowell through his location in the wilderness was spared; and mainly because he was spared these so-called advantages and this overwhelming conservatism, he became the first ovariectomist.

Far be it from our intention to underrate either the effort, the wisdom, or the courage that was necessary on the occasion of the first ovariectomy. Even after McDowell had repeated the experiment, and established its justification, he was called upon to defend his claims. What we wish to emphasize is the fact that McDowell's frontier location in an atmosphere of freedom and self-reliance, perhaps seldom equalled, and never surpassed, is what made the operation possible.

It was the very existence of so-called advantages that embarrassed Lizars, and made his efforts so lustreless as compared with those of McDowell.

To speak of McDowell's success as being achieved notwithstanding his frontier location, and in the absence of the supposed advantages that existed to such a degree, for example, in the case of Lizars, is misleading, in that it quite naturally creates the impression that he was at a disadvantage, whereas the opposite more correctly represents the situation. The supposed advantages that Lizars enjoyed, either in the form of advice, or surgical appliances, were hardly advantages at all; in the first instance the very abundance of the advice only embarrassed him, and as for surgical accessories or refinements

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as we know them today, they simply did not exist at that time. The difference between the operating appliances of Lizars and those of McDowell, were after all, practically in name only. This mistaken conception of McDowell's supposed disadvantages has existed for more than a century, and loudly calls for an explanation and a correction.

If we add to this conservatism of the old world, the egotism of humanity, we have the true explanation as to why the operation was so universally condemned by the surgical leaders in the largest cities of almost every country, a condemnation that was intense, and that continued as such over an unusually long period of time, even after the country doctors of these various countries had recognized and successfully performed the operation. Had it not been for the courage of McDowell, and the heroism of Mrs. Crawford, she might have continued to her end unrelieved and with her suffering extending over months or years until life had ebbed away under a painful degree of slowness. But what is of greater importance than the suffering of any individual is that the establishment of ovariectomy might in consequence thereof have been delayed for another half century or even more.

That she accepted his advice and relied upon his judgment is shown by the promptness with which she appeared in Danville ready for "the experiment," as she expressed it.

The difficulties and distress attending a journey made under such circumstances are doubtless enough in themselves to justify our claims to her possession of determination and courage to an unusual degree. But with the ending of this painful journey, the real ordeal was to begin, and although it was ominous enough in its nature, with rare courage and fortitudes she unhesitatingly played her

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part in carrying out the momentous experiment which meant so much for her, and for the future generations of the human race. She made the journey in the space of a few days, traveling on horseback, resting the tumor on the horn of the saddle.

Her grandson, James Crawford Brown, informs us that during the operation she occupied herself repeating the Psalms.

For a description of the operation we rely upon the plain, direct and original statement made by McDowell himself.

Some years after the operation, an attempt was made to deprive him of the credit. In defense of his claims, he issued a card in 1826 addressed to the "Physicians and surgeons of the West and particularly to the medical faculty and class at Lexington," meaning, no doubt, by the latter, the medical department of the Transylvania University.

From this card, which now seems to be lost, but which did not escape the indefatigable efforts of Gross, when some years ago he interested himself in the subject, important sidelights adding considerably to the simple statement made in his report of the operation are obtained, namely:

My nephew, Dr. James McDowell, whom I had brought up, had graduated a few months before this time, in Philadelphia, and had commenced business as my partner. Being in delicate health at the time, it was my intention to remove to the country in the spring, or so soon as I could establish my nephew in business.

From the time of Mrs. Crawford's arrival, he had made frequent attempts to persuade me from operating; but, finding my determination was fixed, he agreed to be present, but not until the morning I operated, and as my partner, to assist; for should the patient die, the responsibility was all my own; should the patient live, it would assist him in his outset in business.

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The day having arrived, and the patient being on the table, I marked with a pen the course of the incision to be made; desiring him to make the external opening, which, in part, he did; I then took the knife, and completed the operation, as stated in the *Medical Repertory*. Although the termination of this case was most flattering, yet I was more ready to attribute it to accident than to any skill or judgment of my own; but it emboldened me to undertake similar cases; and not until I had operated three times—all of which were successful—did I publish anything on the subject. I then thought it due to my own reputation and to suffering humanity to throw all the light which I possessed upon diseased ovaria. (*Amer. Med. Biography.*)

We further learn that Charles McKinny, a private pupil of McDowell's, and a Mrs. Baker, one of Mrs. Crawford's female attendants, were witnesses of the operation. These two, together with Mrs. Crawford herself, issued certificates testifying to the truth of McDowell's statement, which he used in his defense.

Considered in the light of the present-day surgery, the features of the operation which bear emphasis are:

1st. It was performed without the aid of anæsthetics, antiseptics, trained help, or any operative accessories save the simplest domestic utensils.

2nd. The incision was made on the left side and nine inches in length, parallel to and three inches from "musculus rectus abdominus," presumably over the most prominent part of the tumor.

3rd. The tumor was freely movable, with a pedicle of sufficient length to enable ligation before the evacuation of its contents, or the delivery of the sac.

4th. After opening the abdomen, the successive steps of the operation were: (a) The ligation of the Fallopian tube and pedicle near the uterus. (b) The evacuation of the contents, which is described as a "dirty gelatinous-

looking substance.” (c) The extraction and removal of the solid portion. (d) Replacing the intestines that escaped with the opening of the abdomen and remained exposed until the removal of the solid portion. (e) Draining the peritoneal cavity by turning her on her side to allow the escape of blood. (f) Closure of the abdomen with interrupted sutures, allowing the ligature of the pedicle to pass out at the lower extremity of the wound.

5th. Time of operation, “about twenty-five minutes.”

6th. The tumor was partly cystic and partly solid, the cystic element weighing fifteen pounds, and the solid element weighing seven and one-half pounds, a total of twenty-two and one-half pounds.

7th. In five days he “found her engaged in making up her bed,” and in twenty-five days she returned home.

In view of the fact that it is generally believed, although not proved, that the operation was performed in his home, and the singular phraseology in his report, “In five days I visited her,” etc.—this anomalous statement was seized upon by his early detractors, notably Dr. James Johnson, editor of *The Lon. Med. Chir. Rev.*, January, 1825, and sarcastically used as follows:

Doctor Mac visited the patient at the end of five days, though she had come to his own residence to have the operation performed! He found her engaged in making her bed! She soon returned to her native place quite well. (*Credat Judæus, non ego.*)

Such circumstances excited a natural curiosity, as to the identity of the particular portion of his residence where the operation was performed, if it was performed at his home at all, and how such a seemingly unusual arrangement could be carried out.

Was the operation really performed in his house, or in some other house in Danville? Our answer based upon



The house in which Ephraim McDowell performed the first ovariectomy.

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circumstantial evidence is that it was in his house, but positive proofs we have none. Circumstantially it is practically impossible to reach any other conclusion.

Here again we must consider surgery as it was practiced in Danville during that period, as compared with surgery as it is practiced in the present day. The surgical operations were comparatively few in number, and relatively simple in character, lithotomy, operations for the relief of strangulated hernias, amputations, and tracheotomies being the prominent ones in the list. Only a few of these fell to the lot of the most prominent surgeon west of the Alleghany Mountains, during his entire lifetime; few if judged in the light of surgical activities, as they occur today, in the life of a surgeon of equal rank. Gross places his lithotomies up to 1828, two years before his death at 32, and Jackson places them at 22. Take the higher figures, and they would represent 32 cases in about the same number of years, although lithotomies were perhaps the most important and frequent of the operations in the surgery of that time.

Many of the operations he performed in the patients' homes; some of which were more or less remotely situated from Danville. Certainly this would apply to all operations of an emergency character, and to many, if not most of the remaining operations that were not in the nature of an emergency. This arrangement, therefore, satisfactorily reduces the total number of patients that came to Danville and submitted to an operation to a very small number each year.

In those times, and in such places as Danville, infirmaries did not exist as they do today. Danville was a small frontier town, that was still growing through an influx of immigrants, and vacant or accessible houses suitable for an infirmary, hardly exist under such condi-

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tions, nor are they specially built for such a purpose. Therefore the most natural course for him to take was to perform these few operations that from time to time presented themselves in Danville under his own roof.

If this is a reasonable conclusion in the case of lithotomies, it would almost be the inevitable conclusion in the case of the first ovariectomy. If in addition to the foregoing facts we bear in mind that, in his conversations with Mrs. Crawford, he referred to the step, not as a surgical procedure, but as an "experiment" and that this experiment of a most daring and uncertain nature was to be performed upon a woman sixty miles from her home, representing at that time a journey of two or three days, it is inconceivable how anyone could think of McDowell's doing otherwise than taking his patient under his own roof and giving her the same attention he would accord a member of his family, even though he were not the kind and sympathetic man he is represented to have been.

Kentucky has always been noted for her hospitality, and this applied far more to the Kentucky of the early days, than to the Kentucky of the present time. In that primitive period, the dangers, and difficulties drew the people together. Under the circumstances, to think of McDowell's not receiving this woman rather as his guest than as his patient, would be in direct contradiction to the custom that prevailed at that time, and a reversal of everything favorable that had been said of him as a man and a kind-hearted medical attendant.

Gross in referring to the operation says: "She soon after came to his *own home* to undergo the operation of ovariectomy."

Furthermore, Dr. Stanhope P. Breckinridge, as chairman of the Committee of Arrangements, in his address of welcome to the members of the Kentucky State Medical

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Society, reminded them, "You are now within a few hundred feet of the office where Ephraim McDowell planned and executed the operation of ovariectomy."

This was on the occasion of the thirteenth meeting, held in Danville in 1868, and eleven years later Dr. L. S. McMurtry, acting in a similar capacity, used the same expression.

If it were not that doubts have arisen as to where he performed the operation, this direct explanation, as well as indirect explanations made further on, would hardly seem justifiable.

After satisfying ourselves that this is the house in which the first ovariectomy was performed, the next questions are in which part of the house did this memorable operation take place, and what is the explanation of the singular phraseology in his report?

If we study the construction of the McDowell home, especially the rear view, it is evident from the differences in the architecture, and the materials represented in its construction, that it was built in at least two distinct periods.

These differences can be seen to the best advantage by a comparative study of plates 3 and 4. The original building is of frame. At a later period the brick additions were built; the date of these, however, is not known, nor is it known whether they were all built at the same time. These additions include a small one-story brick building to the right of the original, or frame building, as you face the front of the house. This building which is said to have been used by McDowell as his office at present serves the ignoble purpose of a negro pool room. If we view the frame building from behind, we see a small brick addition, built on the rear corner of the right end of the building, which has been referred to in the old-fashioned term as a "lean-to."

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On the left end of the building, rear view, is a rather long brick structure of several rooms with a sloping roof that admits of two stories where it joins the frame building, and but one at its farthest extremity. Between these two brick structures, seen from the rear, is an inclosed porch, which connects the two, and which in its uninclosed state probably belonged to the first period of the McDowell home.

Assuming that the brick structures existed during McDowell's occupancy, the question arises: to what use were they originally subjected? The farthest room of the brick structure in the rear on the left end was most likely the kitchen. Note the rear broad chimney (Plate No. 4) of this brick addition as compared with the small chimney of the brick "lean-to" on the rear right end of the frame building.

It was the custom in former times to have the kitchen detached from the dwelling, and frequently, but not always, connected with the home through a covered passage. Abundant evidences of this custom may still be seen throughout the South.

The explanation of this arrangement takes us back to the time of slavery. Over in Virginia, the mother state, distinct lines were drawn separating the cavalier class from the "poor whites"; but when it came to the slaves, such a distinction was not even made, as they were considered in an entirely different light, as inferior beings. Slaves represented a valuable asset and a certain affection existed for a faithful slave, just as it exists for a thoroughbred horse, but beyond that they were kept apart from their masters and others of the white race. The arrangement had the further advantage of keeping the home free from culinary odors, and afforded a better protection from fire, a danger always to be dreaded in isolated rural districts.



Premises and rear of the house, showing the neglected condition.

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The plan of the McDowell home was but a modification of what existed in the more spacious homes of these regions. If this room was the kitchen, what purpose did the "lean-to," located at the right rear of the frame building, serve, assuming that it existed during McDowell's time?

This "lean-to" on the rear right corner of the building when viewed from behind, or to the left of the building when viewed from the front, has on different occasions been referred to as the probable room in which the ovariectomy was performed. If it can be shown that its existence corresponds with McDowell's occupancy, this view becomes a very reasonable one.

With the hope of reaching a more accurate solution of this and other mooted questions, a correspondence was entered into by the author and a questionnaire sent out to such persons as might possess any information on the subject.

Of the correspondence which resulted therefrom and which is germane to the subject, two letters deserve publicity.

Smithsonian Institution,
Washington, D. C.
November 21, 1912.

Dr. August Schachner,
Louisville, Ky.

Dear Sir:

Referring to your inquiry of November 4, I beg to say that, as shown on the photograph in this museum which was exhibited at Jamestown, the operation of ovariectomy was performed by Doctor McDowell in the annex marked one on your photograph which is herewith returned. At least the cross appears on that part of the photograph which is in our possession. I should state, however, that the photograph exhibited at Jamestown was only a copy of one in the Library of the Surgeon-General's Office, United States Army. The matter has been called to the attention of the Librarian in the last few days, but he is unfortunately

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unable to find any clues to the source of the photograph or to furnish conclusive proof that room No. 1 was actually the place where this operation was performed.

Very respectfully yours,
(signed) W. DE C. RAVENEL (?)
Administrative Assistant.

The annex marked No. 1 referred to in the above letter is the "lean-to" on the rear right corner of the building.

One of several letters received from Dr. Fayette Dunlap, whose parents before him spent their lives in Danville, and who has always been interested in the history of McDowell, throws some light upon this point.

Dr. Fayette Dunlap,
Danville, Ky.

My Dear Doctor:

18th Oct., 1912.

It is not positively known whether McDowell died at Campus Kenneth or Travelers' Rest. The presumption is in favor of the former, as that was his home and the family continued there many years after his death. Facing the home of Doctor McDowell, the little brick addition to the left is supposed to have been his operating room. It communicated with the main building by a large covered-in rear porch. The one-story brick room (now the pool room) was undoubtedly his office. I can remember distinctly that the operating room had a skylight in it that was changed many years ago. All history of the subsequent life of Mrs. Crawford is lost. I wish I could help you further, and will do so when I can find anything of interest and certainly authentic. I may accept your gracious invitation to visit you, and if you should come to Danville, remember that my home is open to you at any time.

Sincerely yours,
(signed) FAYETTE DUNLAP.

This is the strongest evidence so far obtained in support of the view that the "lean-to" was his operating room (provided it existed at the time the first ovariectomy was

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performed) and that it may easily be considered the room in which this operation took place.

The negro pool room, to the right of the home, front view, has also been spoken of in this connection. This at one time served as his office, but it is hardly probable that he would perform such an operation in his office, even if the room could be shown to have been in existence at that time. This would have been an inconvenient place, to begin with, and after the operation it would have been necessary, in order to retain the use of the office, to remove the patient to another house. Needless to say such an arrangement would have been too cumbersome on the one hand, and on the other since the operation was performed on December 13th, it would have been hazardous because of the exposure to cold.

If these circumstances are properly considered, the claims in favor of the "pool room" rapidly fade, for such an arrangement would represent the most impractical one he could have selected. McDowell performed this operation fourteen years after he began his career. Certainly many operations upon patients, who came to Danville for that purpose, had been performed prior to his first ovariectomy. Therefore he must have had some definite arrangement to care for these cases, and his office would hardly have been the place.

Dunlap speaks of Danville as having at that time three hundred inhabitants. Had the population been three times the number, it is scarcely conceivable that McDowell would have had some place other than his home for this purpose. Furthermore, since the patients after all consisted of isolated single cases, his home would easily admit of such an arrangement.

The negro "pool room" was not his first office. We have heard it referred to as the "office he had later on."

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This view seems the correct one, and his former office no doubt was the front room down stairs to the right of the entrance. The one on the left was Mrs. McDowell's reception room.

An examination of the illustration representing the room as it existed in the summer of 1912, bears out this view. Built into the wall opposite the doorway leading into the room, are two closets. Between the two is a modern fireplace. The original one, it was said, was removed by one of the many relic hunters that for years have preyed upon this historic house.

The depth of these closets is so shallow as to render them unfit for ordinary domestic use, and from the distances between the shelves, it is plain that they were used possibly for books, but more likely for bottles. Here he kept either his library or his drugs, or perhaps both. The closets were not in use at the time, and when opened for the photographer they were streaked throughout with spider webs, a circumstance that explains the mottled appearance of the walls of the closets as shown in the photograph.

Although this room, so far as it is known, has not been associated with the operation, its claims to this honor could with more reason be urged than the claims of the "pool room."

Should it be established that the "lean-to" did not exist at that time, this, or the room on the second floor immediately above it, would seem most likely to be the location. If operated upon in the "lean-to," the patient could have been allowed to remain where the operation was performed. The same applies to the front rooms on the first and second floors, provided he was using as his office the one-story brick building which is now the pool room.



Upper plate—Dr. McDowell's office. Front room to the right of the entrance, as it appeared in 1912.

Front hall of McDowell house as it appeared in 1912. Door to the right leading into his office, and door to left leading into Mrs. McDowell's drawing room. Note character of door at end of hallway.

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If this pool room on the right was not in existence, his office was in his home, and if this was used for the operation, which is unlikely, removal of the patient to another part of the house would almost have been a necessity. By exclusion we would then think of the corresponding room on the second floor where she could have been allowed to remain, or that she might have been removed to the room just behind in the second story of the brick addition, again assuming that this was at that time in existence.

How do these different locations harmonize with the statement in his first report, "In five days I visited her, etc.," and what interpretation can be made of this singular expression that exposed him to the sarcasm of his earlier critics? Viewed from this angle the claims of his office, whether it was the "negro pool room" or the front room down stairs, fall short. If his office was at that time in the "negro pool room," which in a way made the front room downstairs available, this room was too close for him to have avoided it even if he so desired. It would have been possible for him to have performed the operation in the "lean-to," or upstairs; and although it was in his own house, through such an arrangement, if he so desired, the case was capable of isolation.

If it may be said that under the circumstances McDowell was obligated to take Mrs. Crawford under his immediate protection when he performed this "experiment," how can we think of his intentionally avoiding her for five days after the "experiment" when she was in his own home? Such a thought is entirely too preposterous to justify a moment's consideration.

If we expect to reach a satisfactory solution of this question, we must look elsewhere for our explanation. On various occasions references have been made to the some-

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what loose manner in which his first report was prepared. Although there is some foundation for this criticism, this alone would not lead to a satisfactory explanation of his phraseology. Therefore it is necessary to look farther and two other explanations are possible, either of which is reasonable and may be the correct one.

In the card which he issued in 1826, in defense of his veracity and claims, he says, "Being in delicate health at the time, it was my intention to remove to the country in the spring, or as soon as I could establish my nephew in business." From this, an explanation that is reasonable and that may be the proper one is possible. McDowell's surgery, we are told, was performed under an intense mental concentration; and even if we reject the story of the mob, it is still inconceivable that he was not exposed to severe criticisms, particularly since he was not free from enemies. That the gravity of the step may have weighed upon him, is equally plain. If these conditions existed, and "if he was in delicate health," it would not be unusual if the sum total to which he had just been exposed had compelled him to take a rest in the country, particularly as he was planning to retire to the country later on.

Therefore, the possible state of his health may offer a satisfactory explanation; or it is not unlikely that despite his delicate health, he may have received an urgent call to some distant patient, which kept him from home during the specified time. These views receive additional support from the statement of Dr. J. N. McDowell, and from Mrs. Crawford's letter, both of which are considered further on.

What attracted more attention, however, and what seemed strangely to fascinate others, is the story that an angry mob surrounded the house, and threatened his life while he performed the operation. As the story goes, the

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sheriff intervened and effected an agreement to withhold action until the result was known. Woe to McDowell if it were unfavorable!

This tradition, which clung so tenaciously to the memory of McDowell, and which with time grew in proportion and intensity, fades out in direct ratio to the care and accuracy we exercise in its consideration, until there is nothing left of it but the mouthings of a certain class of busy-bodies, who always find more interest in the affairs of their fellow creatures, than they do in their own legitimate domain.

To say that this step so repellent in the light of the comparatively primitive state of surgery as it existed at that time, and undertaken in a small country town of a few hundred inhabitants, was not the chief topic of the community, would be a distinct misrepresentation and a direct contradiction of one of the strongest traits in human nature, curiosity.

But on the other hand, to lash, so to speak, this curiosity into such proportions that we see the house surrounded by a determined mob, prepared to treat him as they would a criminal and really jeopardize his life, is, we believe, equally incorrect, and is but a plain example of the least-disciplined trait in human nature, the tendency to exaggerate.

Although McDowell and his family before him were among the very first citizens of those times and places, this fact did not protect him, but only encouraged the gossip and jealousy of certain of his townspeople.

Nor did it stop at this. His prominence and respectability shielded neither him nor even his wife.

Those who are interested in this phase of the subject can follow it at length in the biography of McDowell by his granddaughter, Mary Young Ridenbaugh, or in the article by J. P. Chesney—"Interesting Incidents in the

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Private Life of Ephraim McDowell," Cincinnati Medical Repertory, 1870. As for ourselves, we purposely forego any detailed reference to this unsavory petty gossip.

We reiterate that it is impossible to appreciate fully the lives of McDowell and his contemporaries, or to understand completely the circumstances and difficulties that attended the first ovariectomy, unless we are able to visualize thoroughly the local coloring of those times. Therefore, we have submitted the short survey of this period as a proper introduction to the understanding of the lives of these pioneers and their deeds. In this connection it must not be overlooked that the same freedom of action which favored McDowell in the performance of the operation also favored the criticism of the operation among his townspeople.

In our investigations of this myth, we encountered from different sources the statement that the excitement which existed at that time originated largely through the ill-judged activity of a minister of the gospel. Bearing upon this point we present an extract from some remarks written upon the back of the questionnaire in further explanation of the answers which Dr. Fayette Dunlap made upon the opposite side.

My Dear Doctor:

I take pleasure in giving you the information you are seeking. It is very meagre, but what is given is fairly accurate—as accurate as tradition usually is.

I have repeatedly tried to find from what source the tradition of the mob originated, and the nearest I could get is, that a preacher from the pulpit called attention to the fact that Doctor McDowell was attempting an impossible thing, and in the event of the woman's death he would be a murderer. I rather think this view was the prevalent one among the people. There were then less than three hundred people in Danville.

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An uncle of mine, who was nine years of age and then living in Danville, said the preacher had aroused a considerable opposition to the operation, but he said nothing about a mob. He furthermore said that McDowell was a silent, phlegmatic man, and the common opinion was that he was vastly overrated; a contemporary and competitor said of him that "He went to Edinburgh a gosling and that Edinburgh made a goose of him."

Our little town was greatly disappointed that the American Gynecological Society did not celebrate the McDowell Centenary here. The town extended a most cordial welcome and it should have been accepted. It could have been made a notable event.

Very truly yours,
(signed) FAYETTE DUNLAP.

In a conversation in Danville, during the summer of 1912, with Colonel Nick McDowell, who was then well advanced in years, we heard the same view expressed. Colonel McDowell in this interview made a significant remark in voicing his disapproval of the idea of a mob. With a spirited look of defiance, that was very suggestive, he said: "What do you think he would have done if a mob had appeared to interfere with him?" Exactly! What would you naturally expect of a man whose great-grandfather fought in the English revolution, whose grandfather fell defending his grant of land against the Indians, and whose father was prominent among those who compelled the acceptance of the fact that there were some people on the surface of the globe that would not permit even the British empire to run over them?

Coming to the man himself, as a student we find him selected by his fellow students at Edinburgh as the proper person to be pitted against the Irish bully who could outrun and outdo everyone else, and it is a pleasure to note that their confidence was not misplaced.

Now, in later life, when he is confronted with a problem, the solution of which is clearly dictated by his conscience

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and his common sense, and, furthermore, is in direct harmony with the views, the adoption of which was being urged after the discussions of a century, would it be reasonable for him to hesitate and falter at the last moment in the face of a mob?

If there had been nothing else to inspire him but the willingness and the heroism of this woman, who entered into the "experiment" with a full knowledge of the step, and whose consciousness was intact throughout the ordeal, this to such a man would have been quite enough.

If there had been any blows to be received, or shots to be fired, there would also have been blows to be given and shots to be exchanged, and this, it is reasonable to conclude, was well understood in Danville upon that occasion.

Aside from the unbridled gossip that would attend any important event in a small place even today, and that was perhaps even more in evidence at that time, when more freedom prevailed and news was at a greater premium than we find it at present, the story of the mob disappears into thin air upon a careful reflection on the times and the circumstances attending the event.

It is a misfortune that no notes were kept which would enable us to understand fully all the details of the step, and more especially to enter into his point of view and his estimate of the direct and indirect importance of this triumph.

The combination of circumstances which made the step possible were the forecast that these cases should and would in time be relieved through surgery. The entire willingness on the part of Jane Todd Crawford not only to go the limit in the "experiment" but in addition, her courage and insistence that the opportunity should not be lost, a fact worthy of especial note; and, lastly, McDowell being thrown entirely on his inherent resources,

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and isolated in a time and a place that were noted for daring and courageous deeds.

Had he lived in a metropolitan atmosphere, under the conservative shadow of a great university, it is not unlikely that the discussion of the case, and possibly the presentation of the patient with great solemnity before some august body of medical men, would have been the order of the day. This would most likely have resulted in a long, fruitless discussion, that ended in discouragement and disappointment.

As it was, he fortunately was separated from all deterrent influences of any note, and left with an absolutely free hand to follow the bent of his conscience, courage, and common sense.

As it has aptly been said of him, "With a shrewd mother wit, and a firm grasp of the principles of the healing art," he approached the case in a calm and clear-headed manner, much the same as he would any other problem in surgery. While his more pretentious metropolitan colleagues would have wasted their energies in a learned discussion that brought them nowhere, he quietly but vigorously expended his in action that resulted in the accomplishment of the deed. That this statement is not overdrawn is amply proved by the action of John Lizars fourteen years after the operation, and when he for seven years had had the three-fold successful precedent of McDowell before him in writing.

It would be interesting to know McDowell's estimate of the step. Was he the silent phlegmatic man described by some, who dealt with this problem in the same matter-of-fact way that he would deal with other surgical problems?

Although the peritoneum was at that time held in great awe, and the prevailing idea was that any interference therewith would be attended with grave conse-

quences, it could hardly have been unknown to his teacher, John Bell, that history afforded several isolated, and successful instances in which it was opened, and such operations as Cæsarean section, ectopic gestation, volvulus were performed and even the tapping of an ovary through an incision and an apparent cure through drainage was effected.

McDowell's silence for seven years thereafter, and the publication, only after the repeated solicitations, on the part of his friends, of the first three cases in such a simple, and somewhat indifferent manner would lend color to the view that he hardly grasped the full importance of his achievement, even as it applied to ovarian cases.

It was not to be expected that anyone, at that time would realize that the report of these three cases, really represented the birth of that brilliant and marvelous division of the healing art known as the domain of abdominal surgery.

This, however, is the full significance of McDowell's work, and of his two epoch-making contributions to the surgical literature of his time, simple and slipshod as they have been represented to be.

After the publication of these two reports, there was no longer any excuse for the continuance of the dread in which the peritoneum was held. This fear, which so completely paralyzed all action and incentive in the ages that preceded these epoch-making cases, had now spent its force. They definitely established the fact that the dangers of opening the peritoneum were more apparent than real, and with this fear removed, the first actual step was taken in the development of the surgery of the abdomen.

At first it was confined to the ovaries, but gradually it developed until every organ and structure within the abdominal and pelvic cavities became amenable to surgical interference.

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He built far better than anyone at that time could possibly have realized. In fact, the importance of the operation, even as it applied to ovarian tumors, was not appreciated to its full extent; and if we consider the time that elapsed, and the struggle that marked its extremely slow and gradual adoption, it is safe to add that its full importance was not even remotely suspected by anyone.

Had the influence of this operation been confined to ovarian surgery alone, it would have been of sufficient importance to have placed the womanhood of the future under lasting obligation for this priceless contribution; but when we consider that the ovarian operation was but the prelude to the most brilliant and fruitful division of surgery, involving the welfare of the whole of the human race, we wonder how humanity in general and the medical profession in particular could so long and so completely remain indifferent to the honors due the memory of this benefactor of both. And when we witness the building of monuments and memorials to lesser idols of more ordinary clay, we are reminded of Sir Herbert Spencer's observation, "Men act not when their minds are convinced, but when their sentiments are stirred." Such action is not intellectual, it is emotional.

If this represents the scope of McDowell's labors, is it fair to stop with the title of Father of Ovariectomy? Is he not entitled to the more comprehensive honor of Founder of Abdominal Surgery? Certainly his work is the very cornerstone of abdominal surgery; and why should he not at this late day be accorded the full measure of his glory? To refer to him as the Father of Ovariectomy and the Founder of Abdominal Surgery is nothing more than common justice, that has been so long delayed, and that now should no longer be denied.

CHAPTER V

McDOWELL'S REPORT OF HIS FIRST THREE CASES—DR. JAMES JOHNSON'S CRITICISMS OF McDOWELL—THE CONTRIBUTION OF JOHN LIZARS—"OBSERVATIONS ON EXTIRPATION OF THE OVARIA, WITH CASES"—FATE OF McDOWELL'S REPORT IN THE HANDS OF PHILIP SYNG PHYSICK AND THOMAS CHALKLEY JAMES.

Since McDowell's contributions to surgery consist of but two short articles, published with an interim of two years, and as each is important in its way, and both are short, we deem it proper to reproduce them in full.

Three Cases of Extirpation of Diseased Ovaria,¹ by Ephraim McDowell, M.D., of Danville, Kentucky.

In December, 1809, I was called to see a Mrs. Crawford, who had for several months thought herself pregnant. She was affected with pains similar to labor pains, from which she could find no relief. So strong was the presumption of her being in the last stage of pregnancy that two physicians, who were consulted on her case, requested my aid in delivering her. The abdomen was considerably enlarged and had the appearance of pregnancy, though the inclination of the tumor was to one side, admitting of an easy removal to the other. Upon examination, per vaginam, I found nothing in the uterus, which induced the conclusion that it must be an enlarged ovarium. Having never seen so large a substance extracted nor heard of an attempt or success attending any operation such as this required, I gave to the unhappy woman information of her dangerous situation. She appeared willing to undergo an experiment, which I promised to perform if she would come to Danville (the town where I live), a distance of sixty miles from her place of residence. This appeared almost impracticable by any, even the most favorable conveyance, though she performed the journey in a few days on horseback. With the assistance of my nephew and colleague, James McDowell, M.D., I com-

¹ The Eclectic Repertory, 1817, vol. vii, p. 242.

McDOWELL'S REPORT OF HIS FIRST THREE CASES

menced the operation, which was concluded as follows: Having placed her on a table of the ordinary height, on her back, and removed all her dressing which might in any way impede the operation, I made an incision about three inches from the musculus rectus abdominis, on the left side, continuing the same nine inches in length, parallel with the fibres of the above-named muscle, extending into the cavity of the abdomen, the parietes of which were a good deal contused, which we ascribed to the resting of the tumor on the horn of the saddle during her journey. The tumor then appeared full in view, but was so large that we could not take it away entire. We put a strong ligature around the Fallopian tube near the uterus, and then cut open the tumor, which was the ovarium and fimbrious part of the Fallopian tube very much enlarged. We took out fifteen pounds of a dirty, gelatinous-looking substance, after which we cut through the Fallopian tube and extracted the sack, which weighed seven pounds and one-half. As soon as the external opening was made the intestines rushed out upon the table, and so completely was the abdomen filled by the tumor that they could not be replaced during the operation, which was terminated in about twenty-five minutes. We then turned her upon her left side, so as to permit the blood to escape, after which we closed the external opening with the interrupted suture, leaving out, at the lower end of the incision, the ligature which surrounded the Fallopian tube. Between every two stitches we put a strip of adhesive plaster, which, by keeping the parts in contact, hastened the healing of the incision. We then applied the usual dressings, put her to bed, and prescribed a strict observance of the antiphlogistic regimen. In five days I visited her, and much to my astonishment found her engaged in making up her bed. I gave her particular caution for the future, and in twenty-five days she returned home as she came, in good health, which she continues to enjoy.

Since the above case I was called to a negro woman, who had a hard and very painful tumor in the abdomen (1813). I gave her mercury for three or four months with some abatement of pain, but she was still unable to perform her usual duties. As the tumor was fixed and immovable, I did not advise an operation; though, from the earnest solicitation of her master, and her own distressful condition, I agreed to the experiment.

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I had her placed upon a table, laid her side open, as in the above case, put my hand in, found the ovarian very much enlarged, painful to the touch, and firmly adhering to the vesica urinaria and the fundus uteri. To extract I thought would be instantly fatal; but by way of experiment, I plunged the scalpel into the diseased part, such gelatinous substance as in the above case, with a profusion of blood, rushed to the external opening, and I conveyed it off by placing my hand under the tumor and suffering the discharge to take place over it. Notwithstanding my great care, a quart or more of blood escaped into the abdomen. After the hemorrhage ceased, I took out as cleanly as possible the blood, in which the bowels were completely enveloped. Though I considered the case as nearly hopeless, I advised the same dressings and the same regimen as in the above case. She has entirely recovered from all pain and pursued her ordinary occupation.

In May, 1816, a negro woman was brought to me from a distance. I found the ovarian much enlarged, and as it could be easily moved from side to side, I advised the extraction of it. As it adhered to the left side I changed my plan of opening to the linea alba. I began the incision, in company with my partner and colleague, Dr. William Coffey, an inch below the umbilicus, and extended it to within an inch of the os pubis. I then put a ligature around the Fallopian tube and endeavored to turn out the tumor but could not. I then cut to the right of the umbilicus and above it two inches, turned out a scirrhus ovarian (weighing six pounds), and cut it off close to the ligature put around the Fallopian tube. I then closed the external opening, as in the former cases, and she complaining of cold and chilliness, I put her to bed prior to dressing her; then gave her a wineglassful of cherry bounce and thirty drops of laudanum, which soon restoring her warmth, she was dressed as usual. She was well in two weeks, though the ligature could not be released for five weeks, at the end of which time the cord was taken away, and she now, without complaint, officiates in the laborious occupation of cook to a large family.

The foregoing contribution, which is the first of his two articles, has been variously referred to as direct, simple, loose, and slipshod. We have already spoken of

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how it exposed him to the ridicule and sarcasm of Dr. James Johnson, of the Lon. Med. Chir. Rev.

In view of what at that time was not unjustly considered an unbelievable accomplishment, related in a simple and somewhat loose manner and coming from the wilds of a new country, it is not altogether surprising that it should have been looked upon in the light of a "fairy tale." At least there are extenuating circumstances which should be considered in our judgment of McDowell's critics.

Simple and slipshod as these contributions were considered at that time, there is, however, another side to the shield. This is not the only criticism that can be made.

McDowell, notwithstanding his ability and accomplishments, which were unmistakable, was after all a country doctor practicing in the wilderness in a time when medical journals were few. It was not the custom then to strain every effort to rush into print as is the not uncommon practice today. Under the present order of affairs clinics have been built up, not so much through extraordinary ability, as through extraordinary publicity. Such a condition has been made possible very largely through a more perfect system of communication, and a better means of travel than existed at that time. The life of a country doctor then was even more laborious than now, with the easier means of moving from place to place. Such a life left but little time for rest, not to mention contributions to medical literature.

With all due respect to McDowell, there is no reason why we should consider him a learned or cultured man who would naturally incline to writing. He was not what we would call a student; he was essentially a man of action. Naturally modest and retiring, and anything but a *litterateur*, it is not surprising that he should record

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his abdominal operations, then not fully appreciated by anyone, in a simple, straightforward manner.

The publication of these three cases met with jeers and derision. The epithet of liar was certainly indirectly, and possibly directly, hurled at him in his own country, as well as abroad. If this was the reception accorded his first three consecutive and successful cases, what would have been the effect if he had published his first case without waiting for the corroboration which the two additional cases afforded? Its reception would have been no less offensive, and the influence of such criticisms upon McDowell might have deterred him from further action. The case would then have remained a solitary and unconfirmed one, and thus have lost its effect, like other solitary efforts, that history affords and that have lost the lasting character of their influence, mainly because of their lack of corroboration. It might then have dwindled into the innocuous rôle of a surgical curiosity instead of becoming, as it did, a powerful factor which could not be overlooked or ignored, and which directly led to such far reaching results.

As it was, he modestly attributed an undue amount of credit to his good fortune, rather than to his good judgment. But confronted with three consecutive cases, it was no longer an accident in any sense, but an established fact, the howlings of Doctor Johnson, or anyone else, could not now shake the foundation of this fact, nor in the future deter him from continuing in his course.

Furthermore after his second contribution, published two years later, which added two other cases to his list, even Doctor Johnson began to weaken. Johnson's attention was first called to the matter through the article published by Mr. Lizars.

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In Doctor Johnson's review of Mr. Lizars' paper occur the significant remarks:

Passing over the records of surgery, all of which cannot be depended on, we shall come at once to the recent facts, or alleged facts, communicated in this paper by Mr. Lizars. Three cases of ovarian extirpation occurred, it would seem, some years ago in the practice of Doctor MacDowell, of Kentucky, which were transmitted to the late John Bell, and fell into the hands of Mr. Lizars. We candidly confess that we are rather skeptical respecting these statements, and we are rather surprised that Mr. Lizars himself should put implicit confidence in them.

Then followed a brief review of McDowell's cases and the already well-known sarcastic passage: "Doctor Mac visited his patient in five days," etc., closing with the rebuff, "We cannot bring ourselves to credit this statement." This occurred soon after the publication of Mr. Lizars' paper in the *Edinburgh Medical Journal*, October, 1824.

In January, 1825, Doctor Johnson, in reviewing Doctor Blundell's work, "Researches, Physiological and Pathological: instituted principally with a View to the Improvement of Medical and Surgical Practice, by Professor James Blundell," in which the author spoke favorably of the future of ovariectomy, renews his attack by saying:

In despite of all that has been written respecting this cruel operation, we entirely disbelieve that it has ever been performed with success, nor do we think it ever will.

In October, 1826, after receiving the *North American Medical and Surgical Journal*, 1826, Doctor Johnson shows signs of relenting in the following acknowledgment:

Extirpation of an Ovarium.—A back settlement of America—Kentucky—has beaten the mother country, nay, Europe itself, with all the boasted surgeons thereof, in the fearful and formidable operation of gastrotomy, with extraction of diseased ovaria.

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In the second volume of this series, page 216, we adverted to the cases of Doctor MacDowell, of Kentucky, published by Mr. Lizars, of Edinburgh, and expressed ourselves as skeptical respecting their authenticity. Doctor Coates, however, has now given us much more cause for wonder at the success of Doctor MacDowell; for it appears that out of five cases operated on in Kentucky by Doctor M, four recovered after the extraction, and only one died. There were circumstances in the narrative of some of the first three cases that raised misgivings in our minds, for which uncharitableness we ask pardon of God and of Doctor MacDowell, of Danville. Two additional cases now published (for it appears that the cases were published, though in a very unsatisfactory form, in the *American Eclectic Repository*) are equally wonderful as those with which our readers are already acquainted.

Instead of realizing at this point that he had at last said enough, he shows us how hard the stubborn die by disclosing the string attached to his apology which, metaphorically speaking, was blasted out of him when he says: "It was the mode of narration that excited our skepticism, and we must confess it is not yet removed."

We may fairly explain McDowell's attitude towards his ovariectomies, and his delay and seeming indifference to the publication of his cases, on the basis of modesty, preoccupation, the increasing demands and hardships of a growing practice in a new country with few conveniences, and, lastly, the lack of the full appreciation of the achievement, even as it applied to the ovarian cases.

Through the repeated urgings of his friends, and his nephew, William McDowell, he was prevailed upon to prepare the report of his first three cases. This was after a lapse of seven years. In 1816 one copy was forwarded to his old teacher, John Bell, but it fell into the hands of John Lizars, who had charge of Bell's patients and correspondence, during his absence; another was sent to Philip Syng Physick of Philadelphia.

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It was the publication of the copy sent to Bell, and offered by Lizars as part of a paper of his own, together with the savage criticisms thereon by Dr. James Johnson, that awakened Europe and that in turn aroused America more than any other effort.

This paper by John Lizars, of which so much can be said in comparison with McDowell's publication, is so interesting from various viewpoints, and played such an important part in focussing attention upon ovariectomy, that, with the exception of McDowell's report, which it includes, but which we through lack of space have eliminated, it is here reproduced in full.

Barring the omission of McDowell's first communication, which was included in Lizar's paper, it seems justifiable to reprint the long paper of Lizars in order that we may compare the simple direct statement of McDowell with that of Lizars, which followed the standard expected at that period.

Observations on Extirpation of the Ovaria, with Cases. By John Lizars, F.R.S.E., F.R.C.S.E., and Lecturer on Anatomy and Physiology, Edinburgh.

Cet exemple, et celui de l'amputation totale de l'utérus et du vagin, pratiquée avec succès, autorisent également à assurer avec les connaissances profondes de l'anatomie, il n'est guère d'organes sur lesquels on ne puisse exercer avec avantage les diverses opérations de la chirurgie.—*L'Aumonier*.

From the records of medicine, the ovaria seem as subject to disease as any other organ in the body; and, from their attaining enormous size, producing great pain, and destroying the life of the sufferer, they have early called the attention of practitioners. They appear subject to dropsy, the fluid being contained either in one or more cysts; and to dropsy, combined with various degenerations of texture and morbid productions. Various modes of treatment have been invented, and had recourse to, for the numerous varieties of this disease. For the

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simple dropsical affection, tapping, or paracentesis abdominis, has been employed; but it has only proved a temporary palliative. Puncturing, and keeping the orifice open, so as to seize hold of the sac and remove it gradually, has effected a permanent cure; and the same end, it will appear, has been accomplished by the operation of gastrotomy, or the making a free incision into the abdomen, and removing the entire sac, especially where the tumor has consisted of some firm substance.

Le Dran cured dropsy, with scirrhus of the ovary, by incision and suppuration; and Professor Dzondi of Halle' informed me that he had frequently cured this disease by incision, and the introduction of a tent, and afterwards removing the sloughing sac by the forceps.

But the total extirpation of the ovary, both in a healthy and diseased state, has been performed; and it is the design of this paper to consider the propriety of such an operation, with the view of obtaining a radical cure of dropsical ovary. "On chatre," says Morand, "les femelles non seulement des volatiles, mais meme des quadrupeds, sans danger. Cette operation appliquee aux femmes n'a point paru une chimere a' Felix Platerus et a' Diemerbroeck; c'etoit au rapport de Heyschius une operation commune chez les Lydiens, pour des raisons qui ne sont point de l'art." In other examples, also, the peritoneal cavity has been freely laid open, both accidentally and intentionally, and the intestines exposed to the contact of the air, without injury. Paulus Barbette, of Amsterdam, laid open the abdomen, and disengaged the strangulated or twisted intestine in a case of volvulus. Bonetus relates the case of a lady who was dying of intussusception, when a military surgeon opened the abdomen, disentangled the twisted intestine, and effected a cure. Schacht operated for the same peculiar disease with success. Besides these, there are many well-authenticated cases of the Cæsarian operation performed, even for six times on the same woman, with success. In mostly all the cases of diseased ovaria on record, and in all the dissections of this disease which I have witnessed, the tumor was appended by a small pedicle, merely the broad ligament of the uterus. The largest I ever saw, I have kept as a preparation; and although a great quantity of the gelatinous matter, and all the serous fluid, has been necessarily removed, it still weighs twenty-five pounds.

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But the practicability of extirpating a diseased ovary does not rest on theory. It has been proved by experience. L'Aumonier, who was chief surgeon of the great hospital at Rouen about fifty years ago, extirpated the ovary successfully; and since his time an ovary has been repeatedly removed, and sometimes with success, particularly in France, Germany, and America. Doctor Smith, of Connecticut, lately extirpated an ovary in a dropsical state, successfully. Three very instructive cases occurred to Doctor McDowell, of Kentucky; and the following history of them was sent, about seven years ago, to the late celebrated surgeon Mr. John Bell, who was then on the Continent, and came into my hands as having the charge of his patients and professional correspondence during his absence.

(Here Lizars included a verbatim report of McDowell's first paper.)

In the year 1821, I was requested by my friend, Doctor Campbell, lecturer on midwifery, to visit a woman with an abdomen as large as if in the ninth month of gestation. On examination, the tumor occupied the whole abdominal cavity, and appeared to roll from side to side; the uterus per vaginam felt natural, and her catamenia had been regular, but caused excruciating pain when they occurred. She stated that she was twenty-seven years of age, had borne only one child, and in twelve months afterwards had a miscarriage, two or three months after which, towards the end of 1815, she became sensible of a considerable enlargement of her belly, that began on the left side, and which she attributed to several blows and kicks received from a brutal husband, from whom she was now separated; that her neighbors now abused her, and made such complaints to her employers that they dismissed her. At that time she earned, and now earns, her livelihood by binding shoes. Being now without the means of support, she applied to a county hospital, but was in a few days dismissed, on the supposition of being with child. She then consulted a number of respectable practitioners, but all of them cruelly taunted her with being pregnant. At the end of two years she perceived a small moveable swelling in her left groin, which she allowed to increase for twelve months, when she came to Edinburgh, and, on consulting a surgeon, he opened it with a lancet, and discharged a large quantity of thin matter.

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On examination this was a lumbar abscess, which she ascribed to a fall on her back three years previously. The evacuation of this fluid did not in the least diminish the magnitude of the abdomen; and she imagined she could distinguish between the pain of the lumbar abscess and that of the tumor in the abdomen. She was admitted into the hospital of this place, and remained for thirteen weeks, without receiving any relief. She consulted the chief medical gentlemen of this city, many of whom pronounced her pregnant, and all of them tried to dissuade her from an operation. Two put her under different courses of mercury, and, after a consultation, one punctured the abdomen for dropsy of the ovarium.

Before having recourse to the operation of gastrotomy, I deemed it my duty to have the opinion of the principal practitioners of this city, either by personal consultation, or by sending the patient to them. The woman herself also had previously waited on many of them. Some said that to operate would be rash; others, that I would kill my patient. It was agreed by all, that there was a disease of one or both ovaries; and she had been twice tapped for dropsy of the left ovary, the result of a formal consultation of some of the ablest medical men of this city. Convinced, from the history of the disease in the records of medicine, and from gastrotomy having been successfully performed for volvulus, and from the Cæsarian section, that there was little to apprehend either from loss of blood or peritoneal inflammation, I felt desirous to endeavor to relieve the woman by an operation; but was anxious to have the sanction of some other surgeon or physician besides my friend Doctor Campbell, who at once offered to assist me. All whom I took to see the patient, and all to whom I sent her, said that the disease was an affection of the ovarium, but all of them condemned an operation. My patient, therefore, abandoned to her gloomy condition, called on me repeatedly, urging me to try the operation, otherwise she would do it herself. At last, as her pain became perfectly intolerable, and she was still urgent, I resolved to operate. During the preceding period I had directed my attention to the lumbar abscess, and applied caustic eschar after eschar.

Wednesday, 24th October, 1823, was the day appointed for the operation; therefore, on the day preceding, she took a dose

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of the compound powder of jalap, which operated also on Wednesday morning, so as to preclude the necessity of administering an enema; she also made water immediately before, in order to empty the bladder. The emptying of the rectum by a glyster, and the drawing off the urine, or taking care that the patient makes water, are circumstances of some consequence to be attended to in all operations of the abdominal cavity. As inflammation appears to be induced generally by exposure to cold; and as these cases succeeded so well in America, I desired the room to be heated to 80 degrees Fahrenheit. When the temperature of the room had arrived at this heat, I placed the patient on a table, covered with a mattress, and two pillows supporting her head, and commenced the operation, in the presence of Doctor Campbell, Doctor Vallange, late surgeon of the 33d regiment, Mr. Bouchier, surgeon of the 36th regiment, and several other medical gentlemen, by making a longitudinal incision, parallel with, and on the left side of the linea alba, about two inches from the ensiform cartilage, to the crista of the os pubis, through the skin and cellular substance, when the peritoneum appeared, the recti muscles being separated by the distension consequent on the present disease and former pregnancy. I then made a small incision through the peritoneum, introduced a straight probe-pointed bistoury, and made a more extensive opening, into which I inserted the fore and middle fingers of the left hand, so as to direct the instrument, and to protect the viscera. With this instrument I made the internal to correspond with the external incision, while my friend, Doctor Campbell, who assisted me, endeavored, but in vain, to confine the intestines within the abdominal parietes. Apprehensive of peritoneal inflammation, of which many said my patient would die, I enveloped the intestines in a towel dipped in water about 98 degrees. I now proceeded to examine the state of the tumor when, to my astonishment, I could find none. I next requested Doctors Campbell, Vallange, and Bouchier, to make themselves satisfied that there *was no tumor*, when Doctor Vallange observed that he felt a tumefaction on the left side of the pelvis. This, on investigation, was found to be a flattened tumor of no great magnitude, at the left sacro-iliac synchondrosis of the pelvis, lying beneath the division of the common iliac artery, into its external and internal branches. Having satisfied all present

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that this was not the tumor which was anticipated—that it was impracticable to extirpate it—and that the uterus and ovaria were perfectly sound and healthy, I proceeded to return the intestines, and to stitch up the wound, carrying the needle as deep as possible, and applying straps of adhesive plaster between the stitches. Compresses of lint were next laid along, and the nine-tailed bandage bound round the body. I then carried her to bed, and gave her an anodyne draught of forty drops of laudanum, which was almost immediately rejected. Ordered her warm toast and tea.

When the intestines protruded, and baffled all the efforts of Doctor Campbell and the other gentlemen to confine them, I shall never forget the countenances of my pupils and the younger members of the profession. This fact of the intestines being forced out, proves, along with others, that the lungs can be expanded although atmospheric air be admitted into the abdominal cavity; the diaphragm acted with great vigour and with powerful impetuosity. The operation was performed at one o'clock of the day, and by seven in the evening she had vomited twice; had flying pains in the abdomen, a little hurried breathing, pulse at 100, and some thirst; she also felt uneasiness from inability to void her urine, which was drawn off by the catheter; and, as a precaution, I bled her to syncope, which occurred when eleven ounces were abstracted. She lost little or no blood during the operation. An anodyne draught was given her, which was again vomited. Thursday morning, she had little or no sleep, still flying pains about the abdomen, particularly in the wound, with hurried breathing, and the pulse at the same rate; the skin felt hot, and the tongue was white and a little crusted, so that I repeated the bleeding to syncope, which occurred when thirteen ounces were withdrawn. After the bleeding she felt easier, and by the evening these symptoms had disappeared. I ordered her five drops of the sedative solution of opium, which remained on the stomach, but produced no sleep; I allowed only toast, water, tea, coffee, and gruels, warm. On Friday morning she felt much better; was pained only once in the hour or so, her breathing was natural, her pulse 90, and soft, her skin cool and soft, and her tongue white and moist. The urine still required the employment of the catheter. The same low diet continued. At bedtime the sedative solution

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was increased to seven drops. Saturday morning, had a tolerable night, and felt considerably better; felt, however, a little uneasiness in the wound, which has not troubled her since. Thursday morning; her pulse was 85, and soft, the skin natural, and tongue cleaner. Felt a little appetite, and took some ground rice with sugar. Today I dressed the wound, and found the line of incision united from the one end nearly to the other; at the pubes there was a small portion everted; the adhesive straps were renewed, but the stitches were allowed to remain. She was allowed panada, rice-pudding, or oatmeal porridge. At eight in the evening, she felt acute pain in the right iliac region, darting upwards; her pulse was 108, full and strong; the skin hot, and some thirst. I therefore bled her to fainting, which followed after sixteen ounces were abstracted. In an hour after a domestic enema was administered, and, lastly, the sedative solution of opium. The enema operated well, and she fell asleep. Sunday morning, after a good night, she felt greatly better; no pain of wound or abdomen, no thirst, and her pulse 90, and soft, her skin cold, and tongue much cleaner. The wound was dressed and two stitches withdrawn. She was able this morning to make water naturally; in the evening she became uneasy, the enema was repeated, and the opiate omitted. Monday morning, had rested indifferently, and her pulse was 100, and feeble; skin rather hot, but tongue cleaner. Pressure on the abdomen gave no pain. The wound was dressed, and all the stitches were withdrawn. An enema of castor oil was administered. Desired to have the oatmeal gruel acidulated with the supertartrate of potass. At three P.M. the enema had not operated, so that she was ordered two drachms of supertartrate of potass mixed with treacle, every two hours, till it should operate. By eight P.M. the enema had operated, and brought away some feces, which gave her great relief. The pulse was 112, her skin and tongue natural, and quite free from pain. The supertartrate of potass continued. Tuesday morning, although she had slept well, and the physic had operated twice in the morning, the tongue and skin natural, and was perfectly free from pain, yet the pulse was still 112. The wound dressed; little or no discharge, and chiefly from the everted edge at the pubes. Ordered veal broth for dinner. Wednesday, eight days from the operation, had slept soundly; was free from pain;

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tongue and skin natural, and pulse down to ninety-six, and soft. Ordered veal or chicken broth. She continued daily to recover from this day to Sunday, when, although the bowels have been carefully attended to, both by laxatives and enemata, yet they felt so distended as to excite much uneasiness and irritation. An enema was administered in the morning, and she took five grains of calomel, and in two hours after, half an ounce of the phosphate of soda; both of which producing no effect, the latter was repeated after two hours had elapsed. In the evening another enema was administered, which, as in the morning, brought away a considerable quantity of feces, but without relief. Two aloetic pills were therefore given every three hours, till six were swallowed, when no motion having been produced, a drop of the oil of croton was given, which in half an hour excited vomiting. One cathartic enema after another was given, till a profuse quantity of feculent matter was discharged, and then she felt relieved. From this day she gradually recovered, without any untoward symptom; sat up out of bed on Wednesday, fourteen days after the operation, and went to the country on Saturday the 16th October. She now lives in town, earning her livelihood as formerly, by binding shoes, but is often severely tortured with pain.

The reason why all of us were deceived in this woman's case was, the great obesity and distended fulness of the intestines, together with some protrusion pubic of the spine at the lumbar vertebræ. This did not at all appear conspicuous before operating, otherwise it should and must have struck some of the medical gentlemen who examined her; nor did it occur to myself during the operation, nor until some time after, when I could find no just cause for being so singularly deceived.

From this case, and those which I have enumerated, it appears to me that there is little danger to apprehend, in laying open the abdominal cavity; and that in diseased ovarium, extra-uterine conceptions, fœtus in utero with deformity of the pelvis preventing embryulcia, aneurism of the common iliac arteries or of the aorta, volvulus, internal hernia, cancer of the uterus, and foreign bodies in the stomach threatening death, we should have recourse early to gastrotomy. The delay in such cases is more dangerous than the operation. To show what freedom may be used in diseased ovarium, I have received, since writing

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the above, the following history of a case from my friend Mr. Edward Scudamore, surgeon of Wye, in Kent.

In 1821, A. C., thirty-six years of age, had been repeatedly the subject of paracentesis abdominis for ovarian or encysted dropsy, when fluid in increased quantities, and varying in quality in each operation, was drawn off. Her health declining, and her constitution resisting such effort to cure the disease, any proposition holding out the most remote hope was eagerly listened to. The trocar and canula were again introduced, the fluid drawn off, and the canula left with a plug inserted in its mouth. In a few days the plug was removed, and the accumulated fluid discharged, which operation was repeated for several successive times, after eight days interval between each. These attempts proving fruitless, and no irritation being produced by the canula, diluted port wine was injected in one instance, and a solution of sulphate of zinc in the other; both of which merely produced a sensation of heat while they remained in the cavity. Many weeks elapsed after these operations, when the constitution gradually sinking, she expired.—*Edinburgh Med. Journal*, Oct., 1824, vol. xxii.

If the above was considered the correct form in which to report such cases, is it to be wondered at that they suspected McDowell's simple and direct statement although it harmonized so beautifully with his simple and direct action?

Through Lizars' paper an interesting background is supplied to McDowell's achievements. Involuntarily two pictures loom up in our imagination. In the one we see the simple country doctor, virtually alone in the wilderness, relying wholly upon his "mother wit," his clear and firm grasp of the principles of surgery as they then existed in their comparatively simple state, and, lastly, a degree of courage and modesty that exists only in a really great man. Practically alone, disregarding the misgivings of his nephew and partner, Dr. James McDowell, who was to assist him, he faced the task with clearness, simplicity,

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and courage. The result of this task, so simply and quietly performed, which was destined to emancipate countless millions of his fellow creatures from suffering, and premature death, and which in time would add centuries to the sum total of human life he recorded in an equally simple and quiet manner, that was so out of proportion to its importance, that it aroused distrust and derision.

In the other picture we see a teacher of anatomy and physiology, in the very atmosphere of what was, at that time, one of the most noted, if not the most noted university in the world, confronted with what he believed to be a similar task. Surrounded by all the aids and advice which such a center as Edinburgh then afforded, and which he freely made use of, Lizars, with trepidation, in the presence of an audience of students and physicians, attempted to repeat what the country doctor fourteen years before him had four times successfully carried out.

Lizars failed in his diagnosis, as the operation revealed the absence of any tumor. And the report of this failure was as conspicuous through the presence of its detail, as McDowell's report was conspicuous because of the absence of detail. If Lizars' failure was entitled to such detailed consideration, it is no wonder that the simple and direct statements of McDowell should have aroused suspicion.

Lizars' paper was somewhat inaccurate and was lacking in ethical propriety. A more careful consideration of the case of L'Aumonier should at that time have satisfied a man of Lizars' ability, just as it satisfied Gross a few years later, that the case of L'Aumonier was not an ovariectomy, but an abscess following parturition, that was cured through drainage. Moreover, from the matter-of-

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fact manner in which Lizars incorporated McDowell's paper in his own, with but a scant acknowledgment of such an epoch-making contribution, he exposed himself to the possibility of well-merited criticism. Judging the paper from an ethical standpoint, it was far from yielding to McDowell the credit which he deserved. Since Lizars had but a failure to report, as no tumor was found, the very title, "Observations on Extirpation of the Ovaria, with Cases, by John Lizars, etc.," becomes questionable.

Why Professor Alexander Russell Simpson (*The British Medical Journal*, November 5, 1887,), in referring to the fate of McDowell's paper, in falling into Lizars' hands, should feel justified in saying, "It could not have fallen into better hands," we are unable to say.

McDowell, in the hands of Lizars, received, considering the importance of his communications, as scant a courtesy and as shabby a treatment as it was possible to accord him, without resorting at once to his complete obliteration. Although McDowell's report was buried in Lizars' own paper, after remaining for seven years unpublished, it did not escape notice, but aroused the ire of Doctor Johnson, whose vicious attacks only helped to bring it to the attention of the profession abroad, and thus, reflexly, America was at last awakened.

About the same time that McDowell sent the copy to Bell, which fell into Lizars' hands, he sent another copy to Dr. Philip Syng Physick of Philadelphia, with the modest request that "it be published if found worthy."

Although it was perfectly natural for McDowell to send his first communication to Physick, whose professional capacity and standing as a surgeon should have made him a peculiarly fitting subject to receive, and to transmit this epoch-making contribution to the medical profession, McDowell could hardly have made a worse

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selection. Temperamentally, Physick was in no way suited to assume this historic rôle. Unapproachable, unsympathetic, and mechanical, he lived and worked more like a machine than a plastic human being whose thoughts oscillated with every influence to which his mind was subjected. Exactly what happened when William McDowell offered his uncle's modest contribution to "The Father of American Surgery," with the inoffensive request that it be published if found worthy, we do not know, but from the result, we feel safe in suspecting that Physick thought that he could not afford to take any chances with a country doctor who was doing impossible deeds under impossible circumstances.

Physick, who was styled "The Father of American Surgery," was a member of a prominent Philadelphia family. He received in early life a precise training that left nothing to the imagination. This environment resulted in the formation of one of those eminently correct characters, who take no chances with the unconventional, and whose opinion is the last word on any subject that may be so favored as to receive their consideration. He was punctilious, plodding, and conscientious, but with it all, reserved, coldly intellectual, and eccentric.

Physick was born in Philadelphia on July 7, 1768, and died in his native city, December 15, 1837—in his 70th year. He was the son of Edmund Physick and Abigail Syng Physick. His father, who was an Englishman, held office in the Colonial Government as Keeper of Its Great Seal, and after the Revolution, was manager of the Penn estate. He received a most careful training here and abroad, and was a pupil and an assistant of John Hunter. A few years after his return he became professor of surgery in the University of Pennsylvania. Later he was transferred to the chair of anatomy.

PHILIP SYNG PHYSICK

With his prestige, and his earnest and plodding work as a teacher in a great university, covering in all a period of about a quarter of a century, he was able to influence markedly the practice of surgery in this country as it existed in his time. During his long and active career, he made many suggestions and practical contributions to the art of surgery. But since he was not inclined to write, the best part of his labors was lost. Had he permitted the publication of his notes and lectures, which were delivered from manuscript, his influence would have continued after him, and posterity would then have been able to reach a more accurate estimate of the importance of his work.

His life, in a way, was a rather melancholy story, for he was more or less racked with illness, despite which he continued to labor practically to the end. With an undeveloped social side, he spent many of his spare moments in introspective solitude. From his precise testamentary directions for the disposal of his body after death, it is evident that the eccentricities of the middle period of his life, gradually gave way to a condition bordering on mental decline in his old age. His career afforded him abundant honors and esteem here and abroad, and he was rated among the wealthy of his native city.

In a pen picture in the *American Medical Biography*, Gross describes him:

High forehead, aquiline nose, thin and compressed lips, a finely formed mouth, and hazel eyes with their searching and, at times, penetrating gaze. The complexion was one of extreme paleness.

The style of dress worn by Doctor Physick showed the methodical man, who, while he adhered to the same color and very much to the same fashion of his garments, was always atten-

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tive to neatness and general harmony of effect. A blue coat with metal buttons, white waistcoat, and light gray or drab-colored pantaloons, made up his favorite attire. It must have been in his dancing days, when he was seen with breeches and flesh-colored silk stockings. The bow-knot in his cravat, though it might fall short of dandy requirements, evinced care in its adjustment. His hair was combed backwards, *à la Chinoise*, so as to expose completely his forehead, while serving at the same time to give it the appearance of greater proportionate development. He was among the last to abandon the use of powder, but held on to the queue as long as he lived.

His personal habits were early formed and never underwent change. As Doctor Horner somewhat quaintly says: "He had passed his life in a certain diurnal movement and rotation, any deviation of which put him to inconvenience."

After his meeting with Physick, William McDowell took his uncle's little report of "Three Cases of Extirpation of Diseased Ovaria" and moved on. Such was the first reception accorded McDowell's labors in his own country.

Following this unsuccessful effort with Physick, William McDowell turned to Dr. Thomas C. James, who has passed into history as the modest, amiable, and benevolent professor of midwifery in the University of Pennsylvania, and one of the editors of the *Eclectic Repertory*. Professor James placed confidence in McDowell and his nephew, took the time to study the report, communicated it to his pupils, who received it with applause, and then published it in the *Eclectic Repertory and Analytical Review*. For this historic deed, Professor James deserves to be rescued from the comparative obscurity in which the passing time has placed him.

James, whose full name was Thomas Chalkley James, was born in Philadelphia, August, 1766. His paternal ancestry was Welsh, and both sides of his family were connected with the Society of Friends. He received a

THOMAS CHALKLEY JAMES

classical education at the "Friends' School" under the tutelage of Robert Proud, the historian.

Under the direction of Dr. Adam Kuhn, a pupil and friend of Linnæus, he began the study of medicine. He received the degree of Bachelor of Medicine from the University of Pennsylvania in the year 1787, and was entered in 1788 as surgeon on board the ship "Sampson" on a voyage to China.

When he appeared in London, in 1790, he came in contact with his fellow student, Philip Syng Physick, who at that time was a pupil of John Hunter at St. George's Hospital. The year 1791 and part of 1792 he spent in London, receiving a practical training in obstetrics, and attending lectures at St. George's Hospital. In the spring of 1792 James and his companion, Dr. J. Cathrall, who was with him in Canton, together with Physick, went to Edinburgh. David Hosack was also attending lectures at Edinburgh at the same time.

McDowell narrowly missed both James and Physick, who left Edinburgh probably just before his arrival, as McDowell began his university course in 1793, and they returned to Philadelphia about the middle of the same year.

James did not remain to graduate, but returned to Philadelphia in the summer of 1793 in time to witness the ravages of the yellow fever epidemic of that year. In 1810 he was elected to the professorship of midwifery in the University of Pennsylvania, which chair he held until 1835. He had decidedly literary tastes, and in addition to his familiarity with Greek and Latin, he was a good German and French scholar. In conjunction with Hewson, Parrish, and Otto, he edited the *Eclectic Repository and Analytical Review*, in which McDowell's two articles appeared.

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Hugh L. Hodge, M.D., in an address before the College of Physicians, on the life of Doctor James (*Williams' Med. Biography*), pays him this tribute:

We all loved and respected him. It could not be otherwise. The senior members of this college, of which he was President, viewed him as a friend and brother, who had always been their chosen companion, and their fellow laborer in all the duties of this society, and of the profession to which they were alike devoted. The younger members looked on him with love and veneration, for he had been their medical teacher, their friend, their counsellor, and, as far as practicable, their benefactor. His example had always been presented as most worthy of imitation.

The most striking trait in the character of Doctor James was unfeigned modesty and diffidence. This native modesty, pervading his whole intellectual and moral nature, had the most decided influence on his professional course, and on his present and future reputation.

It was fortunate that William McDowell turned to Doctor James, who received him with all the kindly sympathy for which he was noted, and who extended to McDowell the fullest measure of confidence and respect.

CHAPTER VI

McDOWELL'S SECOND REPORT—REMARKS UPON McDOWELL'S
COURSE OF PROCEDURE—ANALYTICAL TABLE OF HIS CASES
—REPORT OF HIS UNPUBLISHED CASES—TOTAL NUMBER OF
HIS OVARIAN OPERATIONS.

Two years after McDowell's first report followed the second, and like the former, it appeared in the *Eclectic Repertory*. His second contribution was in the form of a letter to Doctor James, in which he reviewed the two additional cases, and answered some criticisms upon his first paper.

OBSERVATIONS ON DISEASED OVARIA

By EPHRAIM McDOWELL, M.D.

Sept., 1819.

Dear Sir,

I am induced to make this statement, principally, in consequence of the observations of Doctor Henderson, which appeared in a number of the *Repertory*, published twelve or fifteen months since; on ovarian disease, and abdominal steatoma.

Since my former communication, I have twice performed the operation of excision; which cases are subjoined.

I shall in the first place take some notice of the remarks of Doctor Michener, which Doctor Henderson in his dissertation has thought worthy of notice. The number of the *Repertory*, containing the above mentioned remarks, I have unfortunately lost; but believe that I remember most of his principal strictures. In the first case related by me, in Vol. vii, the Doctor appears to take exception to the length of the incision, by pointing out the sentence which stands thus: "I made an incision about three inches from the musculus rectus abdominis on the left side, continuing the same about nine inches in length." As I did not actually measure the incision, it would, perhaps, have been better to have said, an incision was made, about three inches to the left of the musculus rectus, extending from the margin of the ribs to the os pubis, on a woman whose abdomen

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was distended by a tumor to an enormous size. He likewise objects to the parietes of the abdomen being contused, in consequence of the tumor resting on the horn of the saddle, during the patient's journey to Danville. Observing that the "horn of the saddle is on the right side, and the tumor was on the left." Now, with all due deference to the Doctor's knowledge in surgery, and the structure of *side saddles*, I think it would not be difficult to conceive, that a tumor weighing upwards of twenty pounds, would fill the whole abdomen, and although attached to the left ovary, the weight and bulk must have been almost, if not quite as great, on the right side as on the left. I would observe that my patient was a woman of small stature; her abdomen had become so pendulous, as to reach almost to her knees; the size of the tumor was ascertained from actual weight. Had the left side of the abdomen been contused, I would either have delayed the operation until the contusion was removed, or operated on some other part. I never have been of opinion, that bruised flesh would heal so readily as sound; which matter I esteem of essential importance to success in this operation. The doctor also objects to another assertion in this case, viz: "When I visited her on the fifth day, I found her engaged in making her bed." The Doctor's skepticism, alone, appears to have carried him through the statement, and I am surprised that he will even admit the fact of her returning home, in five and twenty days after the operation, on horseback; a distance of seventy miles, and in the depth of winter.

Doctor Henderson thinks I was entirely too inconsiderate in my detail of the cases of diseased ovaria; I thought my statement sufficiently explicit to warrant any surgeon's performing the operation when necessary, without hazarding the odium of making an experiment; and I think my description of the mode of operating, and of the anatomy of the parts concerned, clear enough, to enable any good anatomist, possessing the judgment requisite for a surgeon, to operate with safety. I hope no operator of any other description may ever attempt it. It is my most ardent wish that this operation may remain, to the mechanical surgeon, forever incomprehensible. Such have been the *bane* of the science; intruding themselves into the ranks of the profession, with no other qualification but boldness in undertaking, ignorance of their responsibility, and indifference to the

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lives of their patients; proceeding according to the special dictates of some author, as mechanical as themselves, they cut and tear with fearless indifference, utterly incapable of exercising any judgment of their own in cases of emergency; and sometimes, without possessing even the slightest knowledge of the anatomy of the parts concerned.

The preposterous and impious attempts of such pretenders, can seldom fail to prove destructive to the patient, and disgraceful to the science. It is by such this noble science has been degraded in the minds of many, to the rank of an art.

No case of diseased ovaria has come under my observation, similar to the one described by Doctor Henderson. The tumor extracted by myself, I have kept by me, in a state of preservation; they have been submitted to the inspection of most, if not all the physicians who have visited me. Their opinions, as to the nature of the disease, have all accorded with my own. In our most scrupulous examinations, we were never able to discover any portion of the tumors to be of a natural or healthy structure; the whole exhibition was that of a morbid undistinguishable mass, which myself and others of the faculty, who were present at the operations, were of opinion, had once been the natural ovaria; in as much as no ovarium remained on the side from whence the tumor was extracted. This was as clearly evident as it could have been on dissection after death; my incisions were made so free and extensive, that I have always performed every part of this operation by sight.

Such ovaria as I have described as dropsical, contained a gelatinous fluid in a sac about half an inch in thickness and of a spongy texture; such as I have denominated schirrus, were of a spongy texture throughout, and somewhat elastic. Those affected with schirrus, complained of lancinating pains in the parts affected; which, from their description, were similar to the pains in other schirrous glands. The dropsical ovaria, are attended with a dull pain, and produce a most oppressive sense of weight in the abdomen. By these symptoms, and by a nice sense of touch, the species may generally be distinguished from one another. How to distinguish them from steatoma and other affections which those organs are liable to, I shall not pretend to define, nor, in the present state of knowledge, do I think it at all necessary; nor even the distinction from one another.

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Excision I esteem less perilous than any other mode of treatment; and the only certain cure for either of them. For schirrus and steatoma, no other relief, within our knowledge, is practicable.

The dropsical ovaria may be relieved by tapping with a large trocar. But the relief is only temporary, and would be attended with no inconsiderable danger. Some further reasons for my aversion to the trocar, I will relate hereafter.

The second case in which I operated for diseased ovaria, was the case of a negro woman in this neighborhood. On exposing the tumor (as related in the *Repertory*, vol. vii) it adhered so firmly to the neighboring parts, that I did not attempt its extraction, but made a free incision into it with the scalpel, and discharged its contents; she recovered of the operation, and I thought her well of the disease; but, she informed me some short time since, that it had been growing for the last twelve or eighteen months, and says it is now, about the size it was when I opened her six years ago.

None of my patients have been able to give me any satisfactory account as to the origin of the disease; with some it commenced some months after delivery. The first supposed herself pregnant, and went on to make the necessary preparation for her lying-in; the time for her delivery being protracted to a great length, and her anxiety and doubts increasing, I was called in, and immediately, on examination, per vaginam, found she was not with child.

CASE I

In April, 1817, I operated on a negro woman from Garard county; extracting a schirrous ovarium, weighing five pounds. The incision was made near the linea alba; as in cases formerly related, I tied a cord firmly round the ligament attaching it to the uterus, and cut away the ovarium; but owing to the shortness and sponginess of the part, the cord slipped off, before I laid the ovarium out of my hands, and a profuse discharge of blood took place. I immediately drew the uterus to the external incision, and commenced tying up the bleeding mouths separately. This also, in consequence of the diseased state of the parts, proved only of partial efficacy, as several of the ligatures cut through, on tying them. I now thought it all over with my poor patient, but arming a needle with a strong ligature, I

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passed it round the ligament; securing it in its place by taking several stitches over its surface as I passed it round, and firmly tied it. By turning her nearly on her stomach, I was able to get most of the blood out of the abdomen, using my hand to extract the coagulated portion. The incision was then closed by the interrupted suture, and strips of adhesive plaster. She recovered happily; but, I am told her health is not good; the account of her was awkwardly given; from what I could learn, her complaint is hysterical. This, though the smallest ovarium I have ever extracted, was much more troublesome to the patient, than in any previous case. Besides experiencing severe lancinating pains in the parts, she was seldom able to discharge her urine, without getting almost on her head, in consequence of the tumor falling down into the pelvis, and compressing the urethra.

CASE II

A negro woman from Lincoln county, was brought to me in April, 1818, supposed, by the different physicians who had attended her, to be affected with ascites; she had been under their care about eighteen months. On examining her, I could very plainly discover the fluctuation of fluid in the abdomen, and for some months administered medicines for ascites, without effect; despairing of the power of medicines, I at length tapped her, and discharged thirteen quarts of gelatinous fluid, such as I had before met in dropsical ovaria, of so thick a consistence, that I found it extremely difficult and tedious to discharge it. In two months after, I found it necessary to tap again; during the process of discharging it a second time, the opening was frequently stopped by viscid portions of the jelly, which were broken by introducing a probe; when the abdomen was pretty well evacuated, I discovered, with the probe, a firm substance, which, on minute examination, I found to be of considerable size. I at once supposed the existence of a dropsical ovarium, in which I was confirmed, on finding the uterus empty by examination per vaginam. Some months after she was again tapped; at which time, I made the opening large enough to admit my finger; by which means, I was able to ascertain the nature of the disease beyond a doubt. I informed her master what was certainly her situation, and that nothing but excision could affect a cure. My advice was not immedi-

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ately followed, not until after she was tapped a fourth time; a week or two after which, she was brought to Danville, to undergo the operation, which was performed May 11, 1819. The diseased ovarium being on the left side, and evidently dropsical; the incision was of course made on the left side. On exposing the tumor, it was found to adhere to the parietes of the abdomen; and to the intestines, by slender cords which were easily separated with the hand, and which caused a slight effusion of blood. To the uterus, two strong ligaments adhered; one, the natural ligament, attaching the ovarium to the uterus, the other, an artificial one, attached to the fundus uteri: which appeared to be composed of the above mentioned slender cords, compacted together. I then tied fine cords of silk firmly round each of these ligaments, discharged the contents of the tumor, and cut it away.

There were sixteen quarts of gelatinous fluid discharged from the tumor and abdomen. The dressings and precautions were the same as in other cases. The second day after the operation, she was affected with violent pains in the abdomen; together with an obstinate vomiting. She was blooded as copiously as her strength would allow, but without producing any abatement of the pain or vomiting. On the third day she died. On examination after death, the uterus, contrary to expectation, appeared natural and uninflamed, the right ovarium healthy, the silken cords were securely and properly fixed, and not in a situation likely to injure the adjoining parts. Her death had proceeded from peritoneal inflammation. This membrane, throughout its whole extent, appeared greatly inflamed, and the intestines largely inflated.

I was assisted in this operation by my nephew, Dr. William A. McDowell. Doctors Weizegar, Tomlinson, and Horr were present.

On examining the substances we had removed, the contents of the sac presented a variety; different portions of the fluid were of different colours; semitransparent, white, brown, and yellow. There was also contained in the sac, a considerable quantity of hair; which grew from the inner surface. Enveloped in the inner substances of the sac, we found a bone, resembling very much in shape the front tooth of a cow.

From the circumstance of the hair and bone, one or two of

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the physicians present, were inclined to believe the disease originated from an extra uterine conception; and that all of the fœtus had been absorbed, save the hair and single bone, which was found. This question I submit to the faculty. As for myself, I think it as reasonable to suppose, the hair and bone in this unnatural situation, was the result of a morbid action. She had been delivered of a child two years before the operation, her health during that time was never good, but she had no reason to believe herself pregnant; and if it were the case, I doubt whether a whole fœtus could be so nearly absorbed in two years. There was likewise a round hole in the sac, which, from the levelled appearance of its edges, appeared of long standing; the whole was about the size of a musket ball. And there is no doubt, that the gelatinous fluid escaped through this aperture into the abdomen. This ovarium, when brought into view, was of a large size; which is the more remarkable, when we consider the enormous quantity of fluid which had been drawn off at different times, by the operation of paracentesis abdominis. During the evacuation, a bandage was kept bound tightly round the abdomen; and considerable pressure was made with the hands, in order to evacuate its whole contents. In an attempt to draw off the contents of such a tumor with the trocar, it would be impossible to perforate all the vesicles;¹ and such only, as were pierced, would discharge their contents. While one portion of the vesicles of the ovaria would discharge themselves into the abdomen, another portion would remain diseased in the original way. Thus compounding in the system two of the most deplorable diseases to which it is liable.

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If McDowell's course is carefully considered, it is not so much one of indifference, as it at first appears to be, nor as it has been credited with being. In fact, it bears distinct evidences of being a carefully considered plan of action throughout. Although he was inclined to attri-

¹ DOCTOR JAMES.

That this is the structure of diseased ovaria, I infer, both from authorities, and from the difficulty in discharging their contents. I have always been under the necessity of introducing my hand, and raking it forth; the obstacle to the discharge being always a membranous structure.

bute some of his success in the first case to his good fortune, it is remarkable how soundly and accurately his first operation was carried out.

With the exception of the location of the incision and the treatment of the ligatures, the basic principles of the operation remain about the same to-day as they were in his first operation. Modern surgery, it is true, has added its refinements, but the principles as employed by the country doctor remain virtually unchanged. In his first case he made his incision three inches from "*Musculus Rectus Abdominis*" on the left side. This site for the incision appealed to him no doubt because of its directness. In all likelihood this was over the most prominent point of the enlargement. Therefore it was only natural for him to attack the tumor through its most direct approach.

Such was and still is good surgery in inflammatory affections where the existence of pus is suspected, and for the same reason it probably appealed to him as the logical course in the case of an ovarian tumor.

He soon saw, however, that notwithstanding these apparent advantages, the site of the incision, which was over the most prominent point of the enlargement, was after all not the best, and without waiting for this improvement in the technique to be pointed out to him by others, he shifted as much as possible to the median line where it is today and where it will remain. His knowledge of the anatomy of the abdominal wall soon indicated to him that this change in the location of the incision had many advantages.

We may say the same of his disposal of the ligatures. It was also quite natural for him at first to allow the ligatures to remain long, and to be removed later on through attempts at traction. This was a common practice in amputations and had the advantage of serving as

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a means of drainage. As in the case of the incision, its advantages were more apparent than real; and he was not long in making a change based entirely on his own experience and reasoning.

When he reached the point of making his labors known to the world, he displayed good judgment in waiting until his first operation, or "experiment," as he not improperly termed it, had the corroboration of two additional cases. His directness may not have been the conventional course, and although his statement was somewhat incomplete, it had simplicity and brevity to its credit. Compare, for example, the simple statement of McDowell with that of Lizars, which may be taken as a fair specimen of the medical literature of that day.

McDowell's plan in publishing this was to give it to the profession of Europe through Great Britain, and to the profession of his own country at the same time. This we must admit entitled him to more credit than he has generally received. Had John Bell, to whom it was sent, been in Edinburgh at the time, there is no room for doubting that his attitude toward McDowell's communication would have been different from that of Physick's attitude on this side of the Atlantic.

Lizars for a time may have felt uncertain in his status towards a communication that was addressed to another, who, although ill in another land, was still living. Bell died in Rome in 1820. Through the accident of Bell's absence seven years elapsed before the publication by Lizars of McDowell's communication. These were seven barren years for McDowell's achievement, since it failed to arouse any interest during these years, although its publication was promptly carried out in America by Doctor James, to whom, as we have said, McDowell's nephew turned after he failed to interest Doctor Physick.

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His second report is not far behind the first in its value and its interest. It not only supplies two additional corroborative cases, but in his reply to the criticisms made upon his first paper, he reveals to us his true conception of surgery as it should be practiced, and his wholesome contempt of a certain class of surgeons who practice it, but fail to fulfill the demands of his standards.

His views upon these two points are as sound today as when they were uttered. They are so epigrammatically expressed, so evidently sincere, and so typical of the loftiest idealism in surgery, that they may with benefit be incorporated into a motto for the guidance and the inspiration of those who follow this branch of the healing art.

The criticisms of his first paper that are entitled to notice are those in which Doctors Henderson and Michener think him entirely too inconsiderate in the details of his cases, criticisms not entirely without foundation. McDowell answered these with the same simplicity and directness that characterized his activities as a surgeon.

The papers of both Dr. Ezra Michener, of Philadelphia, and Dr. Thomas Henderson, of Georgetown, D. C., to which McDowell replied in his second communication, appeared in the eighth volume of the *Eclectic Repertory*, in the year 1818. The tone of their criticisms can be illustrated by the appended extracts:

It is much to be regretted that cases so interesting to the community as those of Doctor McDowell's and as novel as interesting, should come before the public in such a manner as to frustrate the intention of becoming useful.

Far be it from me to arraign the probity of Doctor McDowell. If the cases he relates are, as I sincerely hope them to be, correctly stated, no remarks of mine can detract from his merits. (*Michener.*)

That which was believed to be ovarian disease, was proved not to be so; and if this mode of investigation was more attended

THE
ECLECTIC REPERTORY

AND

ANALYTICAL REVIEW,

Medical and Philosophical.

EDITED BY A SOCIETY OF PHYSICIANS.

.....Apropos matine
More modoque.—HOR.
Nullis unius discipline legibus adstricti, quibus in phi-
losophia necessario paremus, quid sit in quaque re maxime
probabile semper requiremus.—CIC.

VOL. IX.

PHILADELPHIA:

PUBLISHED BY THOMAS DORSON AND SON,
AT THE STONE HOUSE, NO. 41, SOUTH SECOND STREET.

William Fry, Printer.

1819.

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to, and even if one writer in the *Eclectic Repertory*, Doctor McDowell had been more considerate in the examination and detail of his cases, and with all due respect I would suggest that *it is still his duty to be so* something very interesting might have been presented to the profession on this subject. (*Henderson*).

Much as we may commend the directness and simplicity of McDowell's statements, it cannot be denied that his reports were not as complete as reports of such a radical innovation should have been, even in that period when no one could have realized their full importance. Hence, these extenuating circumstances should not be overlooked in our judgment of the critics of McDowell upon this particular feature.

McDowell's conception of the definition of a surgeon and his proper obligations are clear and concise.

Any good anatomist, possessing the judgment requisite for a surgeon, to operate with safety. I hope no operator of any other description may ever attempt it. It is my most ardent wish that this operation may remain, to the mechanical surgeon, forever incomprehensible. Such have been the *bane* of the science; intruding themselves into the ranks of the profession, with no other qualification but boldness in undertaking, ignorance of their responsibility, and indifference to the lives of their patients; proceeding according to the dictates of some other author as mechanical as themselves, they cut and tear with fearless indifference, utterly incapable of exercising any judgment of their own in cases of emergency; and sometimes, without possessing even the slightest knowledge of the anatomy of the parts concerned.

The preposterous and impious attempts of such pretenders can seldom fail to prove destructive to the patient and disgraceful to the science. It is by such this noble science has been degraded in the minds of many to the rank of an art.

That the author of these lines did his own thinking is obvious, and that he believed reforms were necessary then, as they are today, is equally true. He did not hesitate

to express his views freely, but he did refrain from intolerantly compelling their acceptance. He may be referred to as a tolerant reformer, in contrast to some reformers of the intolerant type.

That he made a study of ovarian conditions, carefully weighing the advantages of one procedure as compared with another, is fully attested to:

Excision I esteem less perilous than any other mode of treatment; and the only certain cure for either of them. For schirrus and steatoma, no other relief within our knowledge is practicable.

The dropsical ovaria may be relieved by tapping with a large trocar. But the relief is only temporary, and would be attended with no inconsiderable danger. Some further reasons for my aversion to the trocar I will relate hereafter.

It is to be regretted that we are denied "some further reason for my aversion," which he promises to relate hereafter.

To promote the understanding of the analytical tables, pages 122 and 123, a few explanatory details of the cases are supplied.

CASE I.—The tumor was very likely a cyst adenomata. The solid element weighed seven and one-half pounds. This was evidently too much weight to represent merely the sac wall. •

CASE II.—In view of the frequency of fibroids in the negro race, and the intimate connection between the tumor and the uterine fundus and the bladder, the question that arises is whether or not this was a uterine fibroid of a sessile nature. The escape of gelatinous substance, *the quantity of which he fails to mention*, is the only point in the report that would make one hesitate in pronouncing it a uterine fibroid. The advantages of the median over the lateral incision probably occurred to him in this operation.

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CASE III.—Here he definitely changed his technique, substituting the median incision for the lateral. He says, "As it adhered to the left side, I changed my plan of opening, to the linea alba." This probably was not the only reason, for in the line just above he says, "It could easily be moved from side to side," and therefore very likely his experience in the second case suggested the median incision as more advantageous. The incision extended from an inch below the umbilicus to within an inch of the pubis. This was inadequate, so it was enlarged by cutting to the right of the umbilicus and extending it two inches. He was assisted by his partner Dr. Wm. Coffey.

CASE IV.—Was marked by troublesome hemorrhage owing to the slipping of the ligature. In this case he seems to have abandoned the long ligature, that is, he cut it short and closed the wound. From the interference through pressure upon the urethra, and his drawing of the uterus to the external opening in order to find the bleeding vessels, and his difficulty in ligating them, it is probable that the tumor was a uterine fibroid of the pedunculated type.

CASE V.—She was the mother of one child, and was at first believed to be a case of ascites by those who preceded McDowell, and also by McDowell, who treated her for months for ascites, and later tapped her, drawing off thirteen quarts of gelatinous fluid. She was tapped in all four times, and in the third tapping he made an incision large enough to introduce his finger, in order to verify what he had suspected for some time, and what was partly verified with a probe at the second tapping. At the operation, adhesions to the abdominal parietes, the intestines, and to the uterus were encountered. In this case we have the first direct statement of the character of ligature he employed—"fine cords of silk."

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ANALYTICAL TABLE OF EPHRAIM McDOWELL'S PUBLISHED CASES OF OVARIAN SURGERY

Case	Date	Name	Race	Result	Character of tumor	Remarks
1	Dec. 13, 1809	Jane T. Crawford	White	Recovery	Left-sided cyst adenoma	Complete operation; fluid, fifteen pounds; solid element, seven and one-half pounds; time, twenty-five minutes; ligature left long; returned home in twenty-five days.
2	Date unknown, 1813	Unknown, slave	Negress	Recovery	Was this a subserous fibroid of uterus?	Incomplete operation, owing to adhesions to bladder and uterine fundus.
3	May, 1816	Unknown	Negress	Recovery	Left-sided solid ovarian tumor	Complete operation; changed from lateral to median incision; ligature left long and came away in five weeks. Tumor weighed six pounds.
4	April, 1817	Unknown, Gard County	Negress	Recovery	Pedunculated fibroid tumor of uterus?	Complete operation; tumor weighed five pounds; incision near linea alba; ligature slipped.
5	May 11, 1819	Unknown, Lincoln County, slave	Negress	Died 3rd day and 3 post-operative peritonitis	Left dermoid cyst of ovary	Complete operation; extensive adhesions; result of tapping, sixteen quarts of gelatinous fluid removed from tumor and abdomen. Post-mortem. It is certain that ligatures were cut short in this case. This may also have been the procedure in the former case.

McDOWELL'S SECOND REPORT

ANALYTICAL TABLE OF EPHRAIM McDOWELL'S UNPUBLISHED CASES OF OVARIAN SURGERY

Case	Date	Name	Race	Result	Character of Tumor	Remarks
6	Summer of 1822	Mrs. O., Nashville, Tenn.	White	Recovery	Left-sided thin-walled cyst	Incomplete operation; incision in linea alba; drainage, finally resulting in recovery; thin-walled cyst adherent to parietal peritoneum; no attempted removal, but established a drain.
7	May 12, 1823	Miss Plasters	White	Recovery	Right-sided ovarian cyst	Complete operation; six pints of fluid removed; omentum thickened and inflamed; bloody and putrid discharge from wound, which McDowell attributed to sloughing omentum.
8	October, 1826	Mrs. Delano, Chillicothe, Ohio	White	Recovery	Right-sided tumor of unknown origin and apparently malignant	Incomplete operation; owing to extensive adhesions to abdominal wall and omentum, the separation of which was attended with such shock as to occasion a collapse, the operation was abandoned and the wound closed.

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There can be no doubt that in this case he cut the ligatures short. In the course of the operation the somewhat unusual quantity of sixteen quarts of gelatinous fluid was removed from the tumor and the abdomen. She died on the third day from post-operative peritonitis. It is worthy of note for one at that time, and situated as McDowell was, to follow up this death with a post-mortem examination. The case proved to be one of a dermoid cyst. The soundness of his reasoning when he differed with those who believed it to be a case of extra-uterine conception, in which every portion of the fœtus, save the hair and the bone, had been absorbed, is notable. The free gelatinous fluid in the abdominal cavity he ascribed to the presence of a perforation about "the size of a musket ball," which, from the appearance of its edges, he concluded was of long standing.

A tumor of such a description, with such a clinical history, would not only have walls that had undergone degenerative changes, but the previous incision made at the third tapping might explain the opening he referred to, or might be responsible for a tear that occurred during the operation, possibly while separating the adhesions. His assistant was Dr. William A. McDowell. The spectators were Doctors Weizegar, Tomlinson, and Horr.

The three unpublished cases are here reproduced in the concise form in which they appeared in the Ridenbaugh biography, from the more extended notes supplied by Dr. S. W. Gross in his Report on Surgery to the Kentucky State Medical Society held in Louisville, October, 1852.

CASE VI.—Mrs. O., of Nashville, Tennessee, aged fifty-five, and inclined to corpulency. She first noticed (December, 1821) on the left side and a little below the umbilicus, a small globular tumor, movable from side to side, as well as from above downward, destitute of sensibility, and, up to this stage of the growth,

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attended with but little inconvenience. The following summer, however (1822), there was a considerable augmentation in the volume of the growth, with corresponding increase of discomfort, and Doctor McDowell was requested to visit the patient at her home by her family physician, Dr. James Overton.

Doctor McDowell, after a careful examination of the case, decided upon an operation for the removal of the tumor. He cautiously made his median incision in the linea alba below the umbilicus and over the most prominent part of the growth, intending to extend this into his long incision above the umbilicus in order to facilitate the different steps of the operation. In this, however, he was disappointed, "for he had no sooner made his first incision through peritoneum than there gushed out, in a full stream, a bloody-looking serum, which continued to flow till the sack which had contained it was apparently entirely empty. The quantity thus lost was about one gallon."

Judging that the character of the tumor and its surroundings were unfavorable for removal, he made no further attempt to complete the operation, but closed the incision, leaving a tent in its lower extremity to insure drainage.

"The patient lived from fifteen to twenty years after the operation, enjoyed excellent health." The details of the after-treatment of the operation were furnished Doctor Gross by Doctor Overton.

It may be added, as of historical interest, that General Andrew Jackson, who was Mrs. Overton's neighbor, was present at the operation, and assisted in holding her hands and supplying her with courage.

CASE VII.—Miss Plasters, May, 1823. The circumstances attending this case were furnished Doctor Gross by Dr. W. C. Galt, of Louisville, Kentucky, and were contained in a letter received by the latter from Doctor McDowell. An abstract of the case from Doctor Gross' report is here presented. When the patient reached Danville to consult Doctor McDowell, the tumor was found to fill the entire abdominal cavity, although it had been tapped only three months previously. She was so extremely debilitated that he believed she would hardly be able to sustain the shock of the operation. After a few days' rest,

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however, he proceeded to make his usual long incision, extending the whole length of the linea alba, and removed the tumor without difficulty.

The pedicle was tied and the wound carefully closed in the usual manner. Recovery followed. The patient duly regained her usual health and spirits, and the following spring (April, 1824) "engaged herself to marry."

Further notes upon this case indicate that, "a little" more than a year after the operation, abdominal dropsy began for which she was tapped. She then disappeared from Doctor Galt's observation. Gross refers to this as McDowell's ninth case.

The sentiments expressed in Doctor McDowell's letter to Doctor Galt, written some time after the operation, are of interest:

This case proves that appearances in surgery are often deceitful, and that while the taper of life continues to burn, although it may be faint, there is yet hope; for Miss Plasters has certainly disappointed most of her friends and all that saw her. My hopes at times were but faint.

"How is it?" he continued, "that I have been so peculiarly fortunate with my patients of this description, I know not; for, from all the information I can obtain, there has not one individual survived who has been operated on elsewhere, for diseased ovaria. I can only say that the blessing of God has rested on my efforts."

(Transactions Kentucky State Medical Society, 1853.)

In his statement he also defines his attitude towards unfavorable cases. He felt that it was the duty of the surgeon to attempt the cure or relief of a case, however forlorn in appearance, so long as it was not absolutely hopeless.

Surgery is for the cure and a relief of the afflicted, even though the surgeons record may be punctuated with some deaths. McDowell's view was a broader and more generous one than the narrow and selfish attitude of some surgeons whose chief aim is to have a brilliant record

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through the denial of possible relief to cases because of their unfavorable prospect. In the words of Hufland, "he looked upon his profession as a high and holy office, who exercised it purely, not for his own advancement, not for his own honor, but for the glory of God and the good of his neighbors."

In the second part of this quotation McDowell refers to the success which he is more inclined to explain through the blessings of God than through his own judgment and surgical ability.

CASE VIII.—Mrs. Delano, of Chillicothe, Ohio (1826), aged thirty-eight. Her case will also be presented in abstract from Doctor Gross' report. She first noticed a fullness in the right side of her abdomen in the autumn of 1822. In December, 1825, it is stated "a hard tumor was discovered in the right ilio-hypogastric region, which has steadily increased in volume and now occupies the whole abdominal cavity, from the pubic symphysis to above the umbilicus, reaching outwardly as far as the costal cartilages. It is hard, irregular, slightly movable, and cannot be traced under the ribs." The above notes were made by the late Dr. Daniel Drake, of Cincinnati, October 24, 1826, when the patient was on her way to Danville to consult Doctor McDowell. On her arrival there, and after a thorough examination of her case, Doctor McDowell thought it possible to remove the tumor, notwithstanding his belief that extensive adhesions existed. He accordingly made his usual long incision through the linea alba and exposed the tumor, which had firm adhesions with the omentum.

After fully opening the peritoneal cavity, he found the adhesions even more extensive than he had at first supposed. By the time he had gotten the omentum separated, the patient became so exhausted that the operation had to be suspended, and finally it was abandoned altogether. The wound was immediately closed up, and in about two weeks it had entirely healed, the patient's general condition seeming to be very much the same as it was before the operation. Doctor Drake saw this woman the following March (1827), and "found her excessively emaciated, with swelling of the right leg and all symptoms

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of gradual exhaustion." Death took place soon thereafter. No autopsy was made.

The following statement is made in a letter which the husband of the patient wrote to Doctor Drake after reaching Danville and interviewing Doctor McDowell:

"I learned from Doctor McDowell," writes the husband of the lady, "that he had operated for diseased ovaria in nine or ten cases, in eight of which he had been successful. Some of these, I believe, were of that character termed dropsy of the ovary, the tumor consisting of a sac, enclosing a quantity of liquid, gelatinous material; in the other cases the tumor was solid, and appeared to be composed of a gristly, cartilaginous substance. In every instance attended with success the tumor was loose and floating, except in one or two cases, where it was filled with water, which was drawn off, the sac being suffered to remain. In every other case, where the tumor adhered, the attempt to operate was unsuccessful; or, if McDowell succeeded in extracting the morbid growth, as he probably did in one instance, the patient died."—(*Gross' Report on Surgery.*)

Doctor Drake, who saw the patient after the operation supplies the clinical history subsequent thereto in the, appended extract from Gross' Report.

Doctor Drake visited Mrs. Delano on the 11th of March, 1827, about four months and a half after the operation, and found her excessively emaciated, with swelling of the right leg, and all the symptoms of gradual exhaustion. The cicatrice, from the operation, existed in the linea alba, and was about two inches long. The whole abdomen was excessively protuberant, from the pubic symphysis to the ensiform cartilage. The liver, very hard and greatly enlarged, bulged out, high between the short ribs, and the umbilicus over into the left side. Here, in contact with the ovarian tumor, in a kind of groove between them, the colon was a small flatish tumor, which felt very hard, and could be moved along the bowel down into the sigmoid flexure. The ovarian tumor filled the right iliac region, and extended, in front, nearly to the umbilicus, crossing the linea alba and being, seemingly, more prominent on the left than on

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the right side. It was fixed during respiration, and appeared to be immovable. The liver, on the other hand, obeyed the motions of the diaphragm. Her menses had ceased only about three months ago. Death occurred soon after Doctor Drake's visit. No examination of the body was made.

A review of the eight cases, of which we have notes, five of which he published, and three were published later by Gross, indicates that four were in the white race, and four in the negro race. Of the five cases which McDowell published, four were negresses. The first of these eight cases was operated upon in 1809, and the last was in 1826, or about four years before his death, their respective years being 1809-13-16-17-19-22-23-26. Five of these eight cases were complete operations, and three were incomplete. There was one death in the eight listed cases as the result of the operation.

So far reports have been obtainable only in the foregoing eight cases; these can hardly be considered as representing a full list of his ovarian operations. In the letter written to Doctor Drake by Mr. Delano the husband of the patient represented in case eight, occurs the statement: "I learned from Doctor McDowell that he had operated for diseased ovaria in nine or ten cases, in eight of which he had been successful." This letter, which deserves consideration on account of its evident consistency, implies that up to that date, October, 1826, he had operated upon one or two cases not included in the detailed list. Dr. William A. McDowell, who was a member of his uncle's family for seven years, five as student, and two as partner, says that "he has reason to believe from reliable testimony that his uncle performed this operation altogether thirteen times." Since Dr. William A. McDowell, however, fails to supply any evidence other than the mere mention of another name, that of a Miss

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Gilmore, of Pulaski County, the accuracy of this belief yet remains to be verified.

In the Historical Number of the *Ky. Med. Jour.*, Nov. 1, 1917, is a photographic reproduction of a letter written by McDowell about a year before his death to Mr. Robert J. Thompson, who was then a medical student in Philadelphia. In this letter, after some stereotyped remarks upon the Crawford case, occurs the statement, "Since that time (1809) I have operated eleven times and lost but one." Further on occurs the following: "I last spring operated upon a Mrs. Byant from the mouth of the Elkhorn below Frankfort. I opened the abdomen from the umbilicus to the pubes and extracted sixteen pounds. The sac contained the most offensive matter I ever smelt. She is now living." Towards the close of his letter he says, "therefore, it appears to me mere Humbug about the Dangers of Peritoneal Inflammation so much talked about by most surgeons." The letter is dated January 2, 1829, and the above operation was performed in the foregoing spring, making it in the year 1828.

If we accept the names of Miss Gilmore and Mrs. Byant, we have ten cases in which the names are known. In nine of these, some of the details are given, leaving the eleventh and twelfth cases without names or any details. Under the circumstances, an exact statement as to the number of his operations is difficult to make, and hence an accurate estimate of his mortality becomes impossible.

CHAPTER VII

THE TRADITION THAT HIS OPERATIONS WERE PERFORMED UPON NEGRO SLAVES—REVIEW OF THE ATTEMPTS TO DEPRIVE HIM OF HIS HONORS—THE COMMENTS OF SIR T. SPENCER WELLS.

It is deserving of notice that, of his five published cases, all except the first were negresses. Very likely, through an inattentive consideration of his writings, the fact that his first operation was performed upon a white woman was in some quarters overlooked. If we are justified in our belief, this error led to the deeply rooted and widely distributed tradition that not alone was his first case a negro slave, but that he performed the operation upon negro slaves only, as though he dared not, or could not, perform the operation upon white women. As we carefully explained in the Foreword, and here reiterate, it was this misleading impression, so strikingly brought to our attention, that awakened in us an interest which culminated in the effort which this volume represents.

Owing to the extent to which this tradition has spread, it is not without interest to attempt to trace its origin and its dissemination. The first reference that we have been able to find is credited to Dr. James Johnson, of the *Lon. Med. Chir. Rev.*, who, in his editorials, so relentlessly pursued McDowell, to the advantage of the latter and the disadvantage of himself. It is as follows:

When we come to reflect that all the women operated upon in Kentucky, except one, were *negresses*, and that these people will bear cutting with nearly, if not quite, as much impunity as dogs and rabbits, our wonder is lessened, and so is our hope of rivalling Doctor McDowell on this side of the Atlantic.—*Ridenbaugh.*

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This in all likelihood occurred in 1826. Although Johnson did not overlook the fact that the first operation was performed upon a white woman, it was probably through a careless transmission of his comment that this tradition arose. The second reference that we encountered was in the form of a refutation of a statement attributed to Nelaton, in which he is represented as saying, in effect, that the first operations were performed upon negro slaves at the instance of the slave holder; that these operations were undertaken, not so much with the view of relieving human suffering, as they were to save, if possible, these slaves, who constituted valuable assets; furthermore, that McDowell utilized these negresses in an experimental way as a preliminary to the establishment of his heroic operation. The statement adds that this view has in recent times been abandoned in America. The reference is as follows:

Das die ersten weiber on denen er die Ovariectomie vornahm Negersklavinnen waren und er die operation nur über aufforderung der Sklavenbesitzer denen es sich um die Erhaltung des damals kostspieligen Sklavenmaterials handelte vornahm wie dies Nelaton berichtet ist nicht richtig. Dieser Vorwurf Nelatons habe diese kranken farbigen Weiber nur als Versuchsobject zur Vornahmeseiner hardiosen operation benurzt wurde in Amerika in neuster Zeit wiederlegt.—*Biographisches Lexikon Der Hervorragenden Aertzte Aller Zeiten un Völker, Vol. II, E. Gurlt and Dr. August Hirsch.*

All efforts to find the original statement which Nelaton is supposed to have made have been without avail.

The third and last expression which we encountered, relating to this part of the story, occurred in the *Geschichte Der Neueren Deutschen Chirurgie*, von Dr. Ernst Küster:

Es war in einem einfachen Holzhause eines Städtchens im Staate Kentucky, wo der in England vorgebildete amerikanische

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Arzt McDowell im Jahre 1809 zum erstenmal die Operation der Oophorektomie an einer Negerin mit Vorbedacht ausführte und vollen Erfolg erzielte.

From these references, and we have no other evidence to guide us, we are disposed to conclude that the myth had its origin in England in 1826. Very likely from here it became modified and transmitted to France by Nelaton, sometime before 1873, for in that year the great French surgeon died.

It appeared in 1885, or possibly before that date, in Germany, in the form of a refutation of Nelaton's supposed statement. No further reference was discovered until 1915 when we again observed it in its old and erroneous form, and coming from the pen of such a well-known author as Professor Ernst Küster.

The attempts to dispossess McDowell of his justly earned and richly deserved honors began within his own circle during his lifetime, and spread beyond the Atlantic, with but very little abatement, almost to the present day. His claims to the honor of the first ovariectomy are so clear, and so unequivocal that it seems like a waste of time, to refer again to this subject, especially since it has been so thoroughly dealt with by Gross, Greig Smith, and others. To all this may be added, that if the services which he rendered were not so priceless to humanity, and so fruitful to his profession, we might now be tempted to pass over them in silence. Under the circumstances, however, a careful review of these attempts is fully justified.

The earliest records we find take us back to 1826, which was shortly after Dr. James Johnson's strictures. Possibly Johnson's criticisms played an important rôle in developing tendencies that up to that time existed only in a latent form.

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In that year McDowell addressed the previously referred to card to the "Physicians and Surgeons of the West, and particularly to the Medical faculty and class at Lexington," in defense of his position. This card was issued to disprove the claims that were advanced by some that the first ovariectomy was performed by his nephew, Dr. James McDowell.

In commenting upon this card Gross added:

The paper from which I have read the above extracts is accompanied by three certificates, all testifying to the truth of Doctor McDowell's statements. One of these certificates is from Mrs. Crawford herself; another from her nurse, Mrs. Baker, and the third from Mr. Charles McKinny, a private pupil of Doctor McDowell, who with Mrs. Baker witnessed the whole proceeding. He states, expressly, that Dr. James McDowell made the external incision as directed by his uncle, and that then the latter took the knife and extracted the diseased ovary. He asserts, moreover, that he never heard Dr. James McDowell claim the credit of the operation. When we add to these facts, the statement of Dr. William A. McDowell, that he and Doctor Smith both assisted Dr. Ephraim McDowell, on several occasions, in the same manner, it follows, as a necessary corollary, that the claims set up in behalf of Dr. James McDowell, who is said to have been a young man of great professional promise, must fall to the ground as untenable.

Who started this report will never be known. Most likely it did not originate with any one particular person, but was more or less the spontaneous outburst of several, and represented that unfortunate element in human nature which prompts some to look with envy upon the honors and the material possessions of others. Highly respected, as McDowell was, this fact did not protect him or even his family from calumnious attacks. Therefore, nothing would be more natural than that these attacks should include casting suspicion upon his claims to the first ovariectomy.

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If McDowell's ovariectomy was, by reason of its magnitude and importance, received by many in various parts of the world as an unbelievable performance, what shall we say of the assumption that Mrs. Crawford, after reaching Danville, would select or permit McDowell's nephew, who studied under his uncle and had graduated but a few months before, and who was entirely without experience, to perform the operation instead of McDowell, who had come to Green county, a distance of about sixty miles, to Mrs. Crawford's home and whose consultation had directly resulted in her coming to Danville?

From a pamphlet entitled "A Report on the Improvements in the Art and Science of Surgery in the Last Fifty Years, By Joseph N. McDowell, M.D., of Saint Louis, Missouri, Read Before the American Medical Association, Held at New Haven, Conn., June, 1860," the following extract was taken:

The history of ovariectomy, as described by Doctor Gross, may be in many respects true, as far as he knows, but nevertheless, it is unjust. I hold in my possession testimony which must prove satisfactorily that the credit of the first operation does not belong to Dr. Ephraim McDowell, but to others. In 1808 a lady of Stanford, Ky., called on Dr. E. McDowell, to be examined and operated upon by him. He pronounced it a case of ovarian disease, and told her it was incurable, for she must eventually die by the bursting of the tumor in the abdomen. She returned home in despair, but having related her case to an old Indian hunter, who in later life had made his living by spaying animals, he proposed to cure her if she would submit to his mode of operation. She said it was but death, and she would try it, and accordingly, John King opened the abdomen as he would that of a sow or heifer, and the tumor being pedunculated, he passed a ligature around the neck and cut it off, and in two weeks the woman was entirely recovered. Mr. John Camden, of New Orleans, and Peter G. Camden, formerly a Mayor of this city (Saint Louis), will both testify to the correctness of this statement.

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In 1809 Mrs. Jane Crawford, who had ovarian disease, called upon James McDowell, who graduated at the university of Pennsylvania, in 1806, and who was then commencing the practice of medicine and surgery in Danville, Ky., Dr. E. McDowell having retired to the country. On consultation with Dr. Ephraim McDowell, it was determined to operate, and in the presence of David Cowan, Benjamin Perkins, and others, Dr. James McDowell performed the operation with the assistance of Dr. E. McDowell. Learning the facts as stated by Cowan and Perkins, I wrote to Mrs. Jane Crawford, whose answer is now in my possession and is as follows:

Bloomington, Indiana,
August, 1824.

I received your letter asking me who performed the operation for ovarian disease on me, and all I have to state is that Dr. James McDowell did the cutting and the dressing, but Dr. E. McDowell was present and assisted him.

Dr. James McDowell died in 1812, before a report of the case was made by Dr. E. McDowell, in the *Eclectic Repertory* of Philadelphia. *Fiat justitia ruat cælum.*

That Dr. E. McDowell has performed the operation, as reported by Doctors Gross and Miller, is probably very true, but while he claims credit for himself, he should do justice to others.

The above letter of Mrs. Crawford is deserving of an explanation. McDowell in his card of 1826 plainly states:

The day having arrived, and the patient being on the table, I marked with a pen the course of the incision to be made; desiring him to make the external opening, which, in part, he did; I then took the knife and completed the operation, as stated in the *Medical Repertory*.

This was his course of procedure, not only in this case, but also in several others, and possibly in all of his cases. Other partners and assistants, who succeeded James McDowell, assumed precisely the same rôle, and even referred to this rôle as "a sort of an amanuensis."

Under the stress of the ordeal it would be quite natural

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for Mrs. Crawford to become confused, or even not definitely to know the exact relative importance of the duties of the uncle and the nephew on that occasion, much less to define them clearly in a letter written years thereafter.

But this letter and the foregoing statement by Dr. J. N. McDowell shed a definite light that almost certainly explains the phrase, "In five days I visited her," etc., which has formed the basis for so much sarcasm. At the time of the Crawford case McDowell refers to his being in delicate health, and his intention to remove to the country in the spring. The account of Dr. J. N. McDowell states that he had retired to the country; hence we can fairly infer that, if McDowell had not actually removed to the country, he at least periodically retired there for rest, and during his absence his nephew attended to his duties and, as Mrs. Crawford says, "did the dressing." In five days he returned and visited her. This, it seems, satisfactorily disposes of the much-discussed phrase.

As a biography is but the history of an individual, and as an incomplete history is obviously undesirable, the additional comment, taken from the biography written by the granddaughter of McDowell, Mary Y. Ridenbaugh, assists one in understanding the criticisms of his nephew.

Speaking of Dr. J. Nashe McDowell, the Ridenbaugh sketch is as follows:

When he was a youth much of his time was spent in the family of his uncle, Dr. Ephraim McDowell, and it was there that he formed an ardent attachment for his cousin, Mary McDowell, whose beauty has been alluded to.

When he made his vows expressing more than *cousinly* affection, for her, she, with a sincerity and frankness that characterized a genuine noble-hearted girl, candidly told him

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that she could only regard him in the light of a relative, never in that of love, desiring him earnestly to banish from his mind such a thought as making *her* his wife.

She confided to her father, as became a daughter, what she had heard from her cousin. Doctor McDowell immediately sought his nephew, and with kind, but decisive manner emphasized her decision and request. The nephew became angry and reflected on his uncle, charging him with influencing his daughter against him, an inference in which he undoubtedly was mistaken.

From that time a coolness existed between the two, the nephew leaving his uncle's house and never returning, nor did he ever forgive him. He sought new fields of friendship, and in course of time a new field of love. The two never met again. The younger carried with him to the grave his feeling of hatred toward the elder, and would never listen to any eulogy bestowed on him for his grand surgical achievements.

In all of this McDowell seems to have been the victim of his own modesty and magnanimity; he was always ready to share with others a division of the credit, that was out of reason, and distinctly detrimental to his own honors. His nephew, James McDowell, may not have taken advantage of this characteristic, but it is evident that others did.

The criticisms of Dr. James Johnson, while vicious, stubborn, and mistaken in their nature, were after all expressions that had the ring of sincerity. He bluntly expressed his convictions, although mistaken as they were, without hardly any reservation. We are scarcely able, however, to entertain quite the same feeling towards other and later criticisms, especially those of Sir Spencer Wells and Mr. Lawson Tait. With all deference to Sir Spencer, we cannot escape the conclusion, that a criticism like the following is neither fair to McDowell nor entirely creditable to the critic.

No one can dispute the validity of the direct claim of McDowell as designedly the first rational ovariologist. At the

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same time it must be maintained that still greater merit of pointing out the absence of any physiological reasons against the operation, the possibility of its safe performance in the human female, and the class of cases in which it ought to be admissible, is due to a series of eminent British surgeons. But in this country such is the sacredness of human life, even when threatened by fatal diseases—so strong is the consciousness that the introduction of innovations, like ovariectomy, insures the destruction or shortening of a certain number of lives during the tentative stage of the practice—that men, even of the stamp of the Hunters and the Bells, naturally shrank from the responsibility imposed upon them by their position and reputation of adopting it as a part of legitimate surgery.

“No one can dispute the validity of the direct claim of McDowell as designedly the first rational ovariectomist.” Here is where Sir Spencer might have stopped, but unfortunately he proceeds, and in so doing, he endeavors to take back, in part at least, with one hand, that which he has already freely given with the other.

What justification could there be for him to obscure McDowell's honors by endeavoring to divert a part of the credit to “a series of eminent British surgeons?” Let us continue the analysis of the above extract.

At the same time it must be maintained, that still greater merit of pointing out the absence of any physiological reasons against the operation, the possibility of its safe performance in the human female, and the class of cases in which it ought to be admissible, is due to a series of eminent British surgeons.

Replying to this quotation, we say that we are unable to see how it is possible to balance an academic statement, however clear and convincing it may be, against several successfully accomplished acts.

The Hunters, whom Wells doubtless had in mind, and whose views he quoted, added nothing original to the status of the question. The most that can be said for

them is that they added the weight of their authority to the views that had been expressed long before the time of the Hunters and not by British surgeons.

In the case of William Hunter, this support, although questionable in its importance, was added not without reservation; his brother John, twenty-eight years thereafter, spoke with more freedom, but even he qualified his statement by saying, "when the disease can be ascertained in an early stage."

The real facts, as we will endeavor later on to prove, are that William Hunter was very pessimistic and hopeless in his forecast; that this pessimism was not without its influence, is proved by subsequent events; that even after McDowell had five times demonstrated the error of William Hunter's pessimism, no attempt in the direction of ovariectomy was made until October, 1823; and that this attempt was by Lizars, in Scotland, and proved to be a mistaken diagnosis. This was fourteen years after McDowell's first case.

May we not, therefore, ask to which British surgeons does Wells refer? The particular quotations from William and John Hunter which Wells employed to support his contention are:

Dr. William Hunter, in a paper "On Cellular Tissue," in the second volume of the "Medical Observations and Inquiries," after stating that the trocar is almost the only palliation in the treatment of ovarian dropsy, says, "It has been proposed by modern surgeons, deservedly of the first reputation, to attempt a radical cure by incision and suppuration or by the excision of the cyst." Hunter says, "If it be proposed indeed to make such a wound in the belly as will admit two fingers or so, and then tap the bag and draw it out so as to bring its root or peduncle close to the wound of the belly, that the surgeon may cut it without introducing his hand, surely in a case otherwise so desperate, it might be advisable to do it could we beforehand know that the circumstances would admit such treatment."

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In a lecture delivered in 1785 John Hunter says:

I cannot see any reason why, when the disease can be ascertained in an early stage, we should not make an opening into the abdomen and extract the cyst itself. Why should not a woman suffer spaying, without danger as well as other animals do? The merely making an opening into the abdomen is not highly dangerous. In a sound constitution perhaps a wound merely into the abdomen would never be followed by death in consequence of it.

Anent these quotations, it may be said that the first is hardly a fair index of William Hunter's views, an opinion the accuracy of which can easily be determined by a study of Section IX of his paper, from which, for present purposes, but one paragraph is added as a parallel.

If I may form a judgment from what I have seen both in the living and in the dead body, I should believe that the dropsy of the *ovarium* is an incurable disease, and that a patient will have the best chance of living longest under it who does the least to get rid of it. The *trocar* is almost the only palliative.

In support of the view that the Hunters added nothing original, and to illustrate the early evolution of the idea, a review of some of the first references is in order.

It is an historical fact that certain kings of Lydia caused the ovaries of women to be removed, using them sometimes in their service and sometimes for their pleasure. Andramystes is said by Anthenæus to have been the first who did this; and that he placed the women at service instead of eunuchs; while Gyges hoped by this operation to bestow upon them perpetual youth. Ancient authors, however, disagree as to the precise character of the operation. For, while Strabo and Diemerbroech assert that the ovaries were actually extirpated, Adolphus states that the uterus was removed; and others still that only circumcision (probably clitoridectomy) was performed. (*Peaslee*.)

We pass on to several writers of the seventeenth and eighteenth centuries, as Vierus, Riolan ("Opera prima," Paris, 1610;

"Anatome," p. 142); Diemerbroeck ("Anatomia corporis humani," Lyon, 1679; I, I, c. xxiii); Boerhave "Prælect, Academ. in prop. inst.," f. 5, pars 2 and 669); Graaf ("De Mulierum Organ, Generat. inserv. Tract. nov." cap. 13); Plater ("Observ. libri. tres," Basle, 1680, p. 248), etc., who either mention the extirpation of the ovaries as having been performed, or propose this operation in the treatment of nymphomania. (*Wells.*)

Justus Theodor Schorkoff, in his "Dissertatio medica inauguralis de Hydrope Ovarii," February 13, 1685, expresses the belief that the extirpation of dropsical ovaries would lead to a permanent cure, if the operation was less cruel and hazardous.

Ehrenfried Schlenker, in the 21st thesis of his dissertation "De singulari ovarii sinistri morbo," Leid, October 30, 1722, proposes the question whether a radical cure of diseased ovaries may not be effected by the removal of the organ through an incision in the abdomen, but leaves the answer to his more experienced colleagues.

Soon after Schlenker, Willius, of Basle, published (in 1731) a pamphlet, "Specimen medicum sistens stupendum abdominis tumorem," which contains the following passages: "When, however, the dropsy fills all the chambers of the ovary, when the fluid is thick and viscid, and no hope of recovery is entertained, we question whether such an ovary ought not to be extirpated, and so the root and cause of the disease be removed.

Giovanni Targioni Tozzetti, recommends the extirpation of the ovaries as a last resource, when all other curative means have failed." ("Prima raccolta di osservazioni mediche," Firenze, 1752, p. 78.)

Regarding the statement:

But in this country such is the sacredness of human life, even when threatened by fatal disease; so strong is consciousness that the introduction of innovations, like ovariectomy, insures the destruction or shortening of a certain number of lives during the tentative stage of the practice, that men, even of the stamp

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of the Hunters and the Bells, naturally shrank from the responsibility imposed upon them by their position and reputation of adopting it as a part of legitimate surgery.

We insist that no more sacredness surrounded human life in Great Britain than it did in the wilds of Kentucky; but what did exist in the wilds of Kentucky was a freedom of action, the equal of which was perhaps never before known in any other enlightened state or country. This freedom of action is precisely what did not exist in Great Britain, and upon the keen appreciation of this fact is based the statement that if McDowell had lived under the shadow of a great university like that of Edinburgh, he would not have become the first ovariotomist. His whole initiative would have been smothered in the overpowering conservatism of this environment.

If human experience has taught us anything, it is that suffering and danger make kindred of us all. Danville and its vicinity in 1809, represented the frontier of the United States, and it is absurd to speak of the "sacredness of human life" in as old and settled a country as Great Britain, in comparison with the sacredness of life as it existed in Kentucky, then situated, as she was, on the outer fringe of civilization. In fact, the sacredness of life in Kentucky, and the hospitality which is so inseparable from this sacredness, were at such a high tide, that this state became noted for possessing to an extreme degree these two qualities.

In preparing this work, we have purposely preceded the study of McDowell's life with a brief description of the conditions and the people that existed contemporaneous with the first ovariotomy; and we emphatically reiterate that unless the reader acquires a good mental grip upon the conditions and the people as they then existed, he will simply fail in securing a clear conception of the

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conditions that made the first ovariectomy possible, and of the environment in which it was performed.

To the repeatedly expressed belief that if McDowell had practiced in Edinburgh, it is more than likely that he would never have been the first ovariectomist, we may add that if he were living in Kentucky to-day, and should attempt the same step or something of similar magnitude, for the first time, it is not unlikely that a deterring hand would be placed upon his shoulder. This condition is due to the growing centralization of power, which is such a dominant feature of the present day, and to the attending inclination to regulation, which at times becomes meddlesome, and which is extending from individual to individual, and from nation to nation, until it has reached such a degree as to threaten not only the free development of individuals, but of nations as well. The continuation of such a drift leads either to the collapse of this extreme tendency, or to a period of human decadence, for, after all, the progress of the world is dependent first upon individual effort, just as the first ovariectomy was.

Sir Spencer Wells must have known all this, for he speaks of the advantages which McDowell possessed by being unhampered in a free country.

The story of the first ovariectomy, expressed in a few words, is that, after a varied experience covering a period of fourteen years, during which he learned to rely upon his own common sense and courage, in addition to his knowledge of anatomy and the principles of surgery, McDowell was confronted by an ovarian tumor, not in its early stage, but in the latter stage of its development. Instead of dodging the issue, after a prolonged discussion, and an exhibition of the case, as had been the custom in metropolitan centers up to that date, and

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even for some time thereafter, this country doctor, who through self-reliance had grown accustomed to meet surgical difficulties fully and fairly, began at once to plan the operation.

As it has been said, with his "mother wit" and his courage, freed from the restraining influence of others, he, singly and alone, successfully solved the problem of ovarian tumors. The operation which he performed has in its basic features remained as he gave it to us; and aside from the refinements incident to surgery in common, will remain so until the end of time. Therefore, in view of its unbounded importance, it is time that all references to his claims should be absolutely free from all possible equivocation.

CHAPTER VIII

"A DROPSY OF THE LEFT OVARY CURED," BY ROBERT HOUSTOUN
—THE COMMENTS OF MR. LAWSON TAIT—ANALYSIS OF
HOUSTOUN'S CLAIMS BY MR. J. GRIEG SMITH—MCDOWELL'S
SUPPOSED PREDECESSORS—EARLY PROGRESS OF OVARI-
OTOMY—CHRYSMAR'S CASES.

THROUGH the American ovariologist, Dr. Washington L. Atlee, the case of Robert Houston was brought to public notice, and became the basis of controversial writings, on this as well as on the other side of the Atlantic, as to the priority of the first ovariologist.

Calmly considered, the whole controversy swings upon the use of the word ovariectomy, which literally means the cutting into, but not the removal of an ovarian tumor. Houston did cut into an ovarian tumor a century before McDowell. This, literally speaking, more nearly constituted an ovariectomy. To be exact, however, Houston's case, as well as McDowell's, was not an ovariectomy, but an ovariotomy, *i.e.*, an incision into an ovarian cyst for drainage, whereas McDowell removed the ovarian tumor *in toto*, which, literally speaking, constituted an ovariectomy.

That an error of expression involving alike Houston and McDowell, should become the basis of a discussion, or that it should really lead to any confusion among intelligent medical men is ludicrous. To pretend that there is any reason for a misunderstanding upon this subject is like judging the works of Shakespeare or Darwin by any grammatical peculiarities that may be found therein. Men like Atlee, Wells, and Tait, who dwelt upon Houston's claims, did not acquire their fame and fortune by practicing Houston's operation, although it was more

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nearly an ovariectomy in a literal sense. They acquired their fame and fortune by following McDowell's operation, which was an ovariectomy in the usual sense, but an ovariectomy in the literal sense. It was not Houston who first solved the question of dealing with ovarian tumors, and that is what we have in mind when we think of ovariectomy. We are not interested in the errors of surgical terminology to such a degree as to allow ourselves to overlook the very important and vital fact as to who it was that rescued humanity from protracted suffering and premature deaths, and who, through his achievement several times repeated, gave us the basis on which abdominal surgery is founded, and ovarian tumors are removed.

Nor was Houston the first to open the peritoneal cavity for an intra-peritoneal procedure. His operation, for that time, was a bold and creditable step, but it was barren of any influence upon the development of ovariectomy as it was practiced by McDowell.

Since the case has acquired such a distinct historic interest, we reproduce Houston's own report of the operation as published in "The Philosophical Transactions", No. 381, Jan., etc., 1724, p. 8 (from the year 1720 to the year 1832), abridged and Disposed under General Heads, vol. vi, parts ii, iii, iv, that the reader may reach his own conclusions.

A Dropsy in the Left Ovary of a Woman Aged Fifty-eight Years Cured by a Large Incision Made in the Left Side of the Abdomen, by Dr. Robert Houston.

In August, 1701, Margaret Miller, living not far from Glasgow, informed me that her midwife in her last lying-in, at forty-five years old, having violently pulled away the burthen, she was so very sensibly affected by the pain, which then seized her in the left side, between the umbilicus and groin, that she scarce had ever been free from it after, that it had troubled her more or less during thirteen years together; that for two

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years past she had been extremely uneasy, her belly grew very large, and a difficulty of breathing increased continually upon her; insomuch that for the last six months she could scarce breathe at all without the utmost difficulty. That in all that space of time she had scarcely eaten so much as would nourish a suckling child, having quite lost her appetite, and that for the last three months she had been forced to lie constantly on her back, not daring to move at all to one side or other. This tumor drew towards a point, and was grown to so monstrous a bulk that it engrossed the whole left side from the umbilicus to the pubes, and stretched the abdominal muscles to so unequal a degree that I never saw the like. Her lying so continually on her back, having previously excoriated her, added much to her sufferings, which, with the want of rest and appetite, had wasted her to skin and bone. I told her that in order effectually to relieve her, and remove the cause of the swelling, I must lay open a great part of her belly, but feared she would not be able to undergo such an operation; she seemed not at all frightened, but heard me without disorder, and, though scarcely able to speak, urged me to perform it. I must confess I drew almost all my confidence from her unexpected resolution, and without loss of time prepared what the place would allow, and with an imposthume lancet laid open about an inch; but finding nothing issue, I enlarged it two inches, and even then nothing came forth, but a little, thin, yellowish serum; so I ventured to lay it open about two inches more; I was not a little startled to find only a glutinous substance stop up so large an aperture; but my great difficulty was to remove it; I tried my probe, I endeavored to do it with my finger, but all in vain; it was so slippery that it eluded every touch and the strongest probe I could take. I wanted in this place almost everything necessary, but bethought myself of a very odd instrument, yet as good as the best, because it answered the end. I took a strong fir splinter, and having wrapped some lint about it, I thrust it into the wound, and by turning and winding it drew out above two yards length of a substance thicker than any jelly, or rather like glue that was fresh made and hung out to dry; the breadth of it was about ten inches; this was followed by nine full quarts of such matter as I have met in steatomatous and atheromatous tumors, with several hydatides of various sizes containing a yellowish

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serum, the least of them bigger than an orange, with several large pieces of membranes, which seemed to be parts of the distended ovaries. Having squeezed out all I could, I stitched up the wound in three places, almost equidistant, and, having no other but Lucatellus balsam, with it I covered a pledget, the whole length of the wound, and over that laid several compresses dip't in warm, French brandy; and because I judged that the parts might have lost their spring by so vast and so long a distention, I dip't in the same brandy a large napkin four times folded and applied it all over the dressing and with a couple of strong towels, which were also dip't, I swathed her round the body, and then gave her about four ounces of this mixture:

R.—Aq. menthæ lb. ss.
Aq. cinnamomi fort. lb. iss.
Syr. diacodii. oz. vii—M.

ordering her also to take two or three spoonfuls of it four times a day. The cinnamon water was drawn off from canary and the best cinnamon. Next morning I found her in a bathing sweat, and she informed me with great joy that she had not slept so much nor found herself so well refreshed at any time for three months past. I carefully dressed her wound in the same manner as above, once a day, for about a week; I kept in the lower part of the wound a small tent, which discharged some seriosities at every dressing for four or five days. But, business calling me elsewhere I instructed her daughters how to dress the wound, and told them what diet I thought most proper, which was chiefly strong broths made of an old cock, in each porringer whereof was one spoonful of cinnamon water; this she repeated four times a day, and it gave her new life and spirits. After three weeks absence I called at her house, and finding it shut up was a little surprised, but had not gone far before I was much more so, for I found her sitting wrapt up in blankets and giving directions to some laborers who were cutting down her corn. She mended apace and lived in perfect health from that time till October, 1714, when she died after ten days' sickness.

The comment of Sir Spencer Wells upon Houstoun's operation is:

Although this isolated case of Doctor Houstoun undoubtedly strengthens the claim of British surgery to the honor of originally

practicing ovariectomy, it will hardly deprive Doctor McDowell of his undeniable merit of having been the first, who, guided by scientific principles, enriched modern surgery with the operation.

The expressions of Mr. Lawson Tait upon Houstoun's case are so unusual and so dogmatic as to deserve repetition:

There can be no question from Houstoun's description that he had diagnosed a dropsy of the ovary and that he had to deal with a condition which is often one of the most difficult that can be met with in the performance of ovariectomy, and he *completed his operation by removing the cyst. Although he does not describe his division of the pedicle, or his having tied it, it is almost certain that he did both. He certainly must have seen and divided the pedicle,* for he describes the disease as being of the left ovary; therefore he saw the pedicle. Perhaps he tore it and it did not need tying. That he performed a complete ovariectomy *is certain*, from his having noticed secondary cysts as well as from the recovery of his patient and the fact that she lived for thirteen years afterward, in perfect health.

In conveying such views it is to be regretted that Mr. Tait failed to add the reasons why he reserved the right to construe Houstoun's description to suit his own point of view and convenience. We fully agree with Grieg Smith when he says, "The description of the operation is clear and definite enough, nor is it lacking in detail;" and further, "What right have we to infer that he did more than he simply states?"

Mr. Tait is so evidently biased that he seems unable to reach a conclusion even as to McDowell's nationality. He cannot determine with any degree of certainty whether McDowell was a Scotchman or an American. He says: "It is to a young Scotchman, who was a pupil of John Bell's in 1793, that we owe the revival of the operation and its performance upon a scale which amounted to that of a legitimate experiment;" and in a footnote adds: "My American reader may object that McDowell was

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not born in Scotland. Of this, however, we are not yet clear. At any rate, his father and mother were Scotch and at the time of his birth, 1771, the States did not exist."

It is true the States did not exist in 1771, but the American Colonies did, and furthermore the McDowell family played important rôles in transforming these American Colonies into the United States. Moreover when the operation was performed in 1809, they not only existed, but it was performed in the State adjoining the one in which McDowell was born, and which, at the time of his birth, was still an integral part of his native state, Virginia. Furthermore, to remove any doubt that Mr. Tait's statement may have created, permit us to say definitely that not only was Ephraim McDowell born on this side of the Atlantic and in Virginia, but also was his father born on this side of the Atlantic, but in Pennsylvania. As for his mother, who was Miss Mary McClung, she was born in Ireland, of Scotch parentage.

In fact, the very idea of McDowell seems so repugnant to Mr. Tait that he not only refuses to consider him as the first ovariologist, but in an earlier edition of his work published in 1879, he fails even to mention his name in connection with the operation.

No, with all deference to these distinguished gentlemen, after a careful consideration of the entire subject, we are unwilling to divert any part of the hard-earned and justly deserved honors of this country doctor to "a series of eminent British surgeons." Not even to John Bell, with all the admiration in which we hold him, and the esteem in which McDowell must have held him, as is evidenced by his sending a copy of his report to Bell at the same time that he sent a copy to Physick.

McDowell attended lectures in Scotland, upon medi-

cine and surgery, that included diseases of the ovaries. But what was at that time said upon this subject did not originate in Great Britain, and, from all indications, made no more of an impression upon him than did other subjects that came up during his attendance at the University.

Ovarian tumors, and the proper measures for their relief, were the subject of innumerable debates for considerably more than a century before McDowell's time and for fully a half a century after it. The discussions upon this subject were carried on to a far greater degree than the few references that we have recorded would ordinarily lead one to believe. It is unfortunate that these discussions, which must have occurred in various countries upon this subject during the many decades preceding McDowell's achievement, and which are represented only in a small degree in recorded literature, should now be lost to us.

Ovarian tumors existed during those times in about the same degree of frequency as they do to-day. It is inconceivable, therefore, that these tumors should have failed to arouse and maintain an active discussion as to their possible treatment or relief. In this belief the limited instances recorded in literature amply bear us out.

Hence, it is obvious that the proposals of relief were not born of any one country or any person, but were considered in many countries and at various times. These proposals remained in an academic state, until they were transferred from the academic realm, in which McDowell found them, to the sphere of practical usefulness, in which he left them, and in which they will continue.

The question of Robert Houstoun has been so fully considered by J. Grieg Smith, that we feel justified in adding the following abstract of this British writer's view upon this subject:

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Was Robert Houstoun, of Glasgow, The First Ovariologist?

By J. Grieg Smith, M.B., F.R.S.E., Surgeon to the Royal Infirmary, Bristol, Professor of Surgery, University College, Bristol.

Houstoun was certainly not the first to suggest operation in extra-uterine foetation. The operation had been successfully performed twenty years before Houstoun wrote. Houstoun knew it. Curiously enough, the proof is supplied by Houstoun himself in the very record on which his claims to be the father of ovariectomy are founded.

This operation of successful removal of an extra-uterine foetus by Cyprianus was performed on December 17, 1694. Both in language and in drawing it is exceedingly well presented. The operation was done on lines which would be followed at the present day by Cyprianus—in short, shows a knowledge of Anatomy and of Pathology, and it may be added of practical surgery far in advance of anything which Houstoun has shown himself possessed of. Now, in considering Houstoun's case we must be certain of the meaning of the words employed. The case undoubtedly records an operation of ovariectomy in the literal sense of the term, incision of an ovary or an ovarian growth. What is claimed for him is that he performed ovariectomy in the usual sense—ovariectomy as it might accurately be called, or excision of an ovary or ovarious growth.

For this last operation two things are essential; one, that the tumor should be delivered from the abdomen, and the other, that its connection with the body should be severed. It is unnecessary to go beyond these two essentials; and there is not even a suggestion that either was carried out.

The description of the operation is clear and definite enough, nor is it lacking in detail. There is no difficulty in following it. His first incision enters the peritoneal cavity and a little yellow serum escapes; his next incision exposes the highly collodial contents; at the third the contents do not flow, though they protrude; then comes the fir splinter, which, poked about inside, ruptures a secondary cyst, when there is a free flow of fluid and an escape of secondary cysts with "pieces of membranes."

It has been suggested that these pieces of membranes were sac wall—the true tumor. In fact, the next sentence effectually disposes of this idea, for it runs: Then he squeezed out all he could

and "stitched up the wound." How is it possible to squeeze out contents unless the sac is still there? And is it conceivable that a man who could so minutely describe all the little details up to the point of squeezing out the contents could forget to say a word about the delivery of what was evidently a large polycystic growth, and also the severance of its pedicle? What right have we to infer that he did more than he simply states—namely, that after squeezing out as much as he could he stitched up the wound? I submit that we have no right to make any larger inference.

There is, it seems to me, no doubt or obscurity about the matter. Houstoun believed with his compeers that ovarian dropsy was a simple dropsy of the ovary, and was to be treated by tapping, or, if there were secondary cysts or hydatides by incision. His case was one of incision, and he clearly described it as such. No one of his contemporaries said it is anything more than incision. One of them, indeed, definitely claims it as such, and uses its success as an argument against extirpation.

Incising such a growth instead of tapping it, Houstoun was well abreast of his time, if not ahead of it, for it was not till ten or twenty years later that the recommendation of incision took definite shape. But the story reads as if the long incision was an after-thought begotten of the difficulty in delivering the thick collodial contents.

However this may be, we must give to the Glasgow surgeon credit for successfully performing a bold operation even if it was not ovariectomy.

One other argument brought forward by Doctor Finlayson must be considered, and this is the fact that "it was admitted as a genuine case of ovariectomy by Doctor Atlee as far back as 1849."

It is indeed probable that, but for Atlee, Houstoun's claim would never have arisen. There were two brothers Atlee, equally well-known as ovariectomists, the one referred to is Washington L. Atlee.

Now, there are some curious and noteworthy points about this table. First, in not one of the three cases which he puts above McDowell does he pretend that a tumor was removed. The first was simply opening of an abscess; and in the second the tumor was made to slough by the use of tents; in the third

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the cyst wall was stitched to the wound margin. He would put Houston's case in front of all these. Does this prove that Atlee believed that Houston removed an ovarian tumor? Secondly, no dates are affixed to the three first operations. It is perhaps scarcely fair to point out that even if they had been removals of ovarian tumors (which he does not pretend that they were) they were all subsequent to McDowell's first case. The truth of the matter would seem to be that Atlee put anything and everything into his table which was of the nature of gastrotomy for tumors. He even includes Lizars' case, in which there was no tumor. The table of Churchill in the *Dublin Medical Journal*, and of Jeaffreson, in the *London Medical Gazette*, had appeared a year or more before Atlee's table, and were singularly complete.

Jeaffreson classified the cases into those in which a tumor was removed and those where there was no tumor found or where removal was not carried out. If ovariectomy meant to Atlee what it did to Jeaffreson, and what it does to us—namely, removal of a growth—his tables do not show it.

In Atlee's sense, Houston was an ovariectomist, but he did not claim that he removed an ovarian tumor; he simply calls the case "ovarian dropsy cured by the long incision."

It is proved that Atlee classified as ovariectomies cases where tumors or even abscesses were merely incised; and further, Atlee does not claim that Houston removed an ovarian growth but merely "cured an ovarian dropsy by the long incision." Other arguments, all pointing in the same direction, might be adduced. I have confined myself to meeting and answering those which have been brought forward by Houston's chief supporters, and the conclusion I come to is that the only answer possible to the question, "Was Robert Houston, of Glasgow, the first Ovariectomist?" is "No."—*Practitioner*, London, 1897, Vol. lviii.

In a paper by Dr. W. L. Atlee, a table of all the known operations of ovariectomy, from 1701 to 1851: (Trans. of Am. Med. Asso., 1851) the names of L'Aumonier, Dzondi and Galenzowski, are made to precede that of McDowell.

The claims of these supposed predecessors have been effectively disposed of by Gross, Bozeman and others,

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many years ago. Houstoun's case, which Atlee included in a subsequent reference, and which has been fully dealt with above, was not an extirpation, but only an incision into, and drainage of the tumor. Dzondi's case was not even in the female sex. It involved a circumscribed tumor, the size of a head, occupying the hypogastric region in a twelve-year-old lad, by the name of Christopher Shultz. It was treated by incision, drainage through the aid of tents, and the removal of the sac in small installments by means of a forceps.

Furthermore, Dzondi never claimed this as a case of extirpation of the ovary, or made any claims to priority over McDowell, since the operation was performed in 1816, or about seven years after McDowell's first case. Others made these claims for him.

The case of Galenzowski, of Wilna, was a large multilocular cyst with unsurmountable adhesions. He incised it, broke up the cysts with his hand, effected a drainage and a cure with a small remaining fistula in the hypogastric region. This case was obviously one of incision and drainage, and not of extirpation; but what is still more to the point, it occurred not prior to McDowell's first ovariectomy but eighteen years thereafter, *i.e.*, in March, 1827. The patient's name was Anna Rudnicki, a widow.

The case of L'Aumonier, of Rouen, was that of a pelvic abscess following parturition, in which he simply incised and drained the abscess, with no thought or suggestion of an ovariectomy. This occurred in 1776. All of these are but concrete illustrations of the confusion, errors, and contradictions that are interwoven with the life and the work of McDowell.

Through the vigorous defense of Gross, according to Bozeman, Atlee became convinced of his error, and in

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reparation for the injustice done McDowell, he dedicated his work upon ovarian tumors as follows:

To the memory of Ephraim McDowell, M.D., of Kentucky, the Founder of Ovariectomy in 1809, and to John L. Atlee, Sr., M.D., of Pennsylvania, my Brother, Preceptor, and Friend, who since 1843 has Aided in Establishing this American Operation, I Dedicate this Volume, the Fruits of my Experience and Observation.

While a complete account of the development of ovariectomy, dealing with the debates, before and after McDowell, and the details of its development and progress, as it oscillated forward and backward until it was firmly established, is extremely interesting, it is, however, beyond the aim and scope of the present work, and is entitled to a volume in itself. Therefore, we must content ourselves with a brief review of the development of ovariectomy before and after the publication of his first paper in 1817.

As previously referred to, the removal of healthy ovaries is said to have been practiced by the ancients and during the middle ages, for immoral purposes. The thought of extirpating abnormal ovaries as a curative measure originated, so far as our knowledge goes, with F. Plater, of the University of Basle, in 1680, and Schorckopff, in 1685.

In the beginning of the eighteenth century, Houston performed his operation of incision and drainage of an ovarian cyst.

Some time after Houston, and largely through the efforts of such French surgeons as LeDran, in 1736, Marjolin, and Morand, Houston's idea received distinct recognition and a certain measure of adoption. Delaporte, in 1755, and prior to William and John Hunter, suggested the extirpation after an unsatisfactory experience with

drainage. This idea of incision and drainage, for a time, became an established procedure which was recognized after the advent of McDowell's ovariectomy, with which it came into active competition, especially with the French.

Ovariectomy in the accepted term, is a product of the nineteenth century, having its origin with McDowell in America, in 1809.

The first successor of McDowell in the United States was Dr. Nathan Smith, a man of unusual ability, and a rare worker in his profession, who at that time was the professor of surgery in Yale University. The operation was performed at Norwich, Vermont, on July 5, 1821.

The second successor was Dr. Alban G. Smith, whose intimate association with McDowell entitles him to more than a passing notice. Alban G. Smith, whose name was changed to Alban Goldsmith by an act of the New York Legislature came from Danville, Ky. He was a partner and an assistant of McDowell, and was the third successful ovariectomist in America. The operation was performed May 24, 1823. He is credited with being the first in the United States to practice lithotomy. This knowledge he acquired from no less a person than Civiale during a visit to Europe. Desiring a larger field, Goldsmith moved to Louisville, and during his residence in this city, he procured in 1833 a charter from the legislature for the "Medical Institute," which was really the beginning of the University of Louisville. From Louisville he moved to Cincinnati accepting a professorship of surgery in one of the schools of that city; in 1837 he was called to New York as lecturer on surgery in the College of Physicians and Surgeons. Here he continued to the close of his career.

His son, Middleton Goldsmith, after an active career in New York City and as Federal brigade surgeon during

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the Civil War, again settled for a time in Louisville, where he reorganized the Kentucky School of Medicine. This he relinquished owing to strong factional feeling following the war, and removed to Rutland, Vermont. His first removal to Louisville was in 1856, when he was called to the chair of surgery, and later to the deanship in the Kentucky School of Medicine. Like his father before him, he was a man of parts and of uncommon ability.

The third successor to McDowell was Dr. David L. Rogers, of New York. This operation was performed in New York, September 14, 1829. Doctor Rogers was not the third to attempt the operation, but he was the third who successfully performed it.

Gallup attempted it in June 12, 1824. The operation was an incomplete one, and, according to Peaslee, it was probably not an ovarian cyst. The patient died on the 6th day of tetanic symptoms.

Doctor Trowbridge, of New York, attempted the operation on April 20, 1827, but was compelled to desist, owing to adhesions. Mussey's operation upon Mrs. Sly, of Ryegate, was performed in the summer of 1828, but, as it terminated, it proved to be a case of incision and drainage without the removal of the sac, and, therefore, not an ovariectomy.

Dr. J. Bellinger, of Charleston, South Carolina, also attempted the operation in 1828.

On December 23, 1835, Bellinger, performed the operation upon a negress with success. This seems to be the last ovariectomy in the United States until 1843, when Dr. A. Dunlap and Dr. John L. Atlee had their first cases, the former of which was unsuccessful. Thus, up to the time of Atlee and Dunlap, in 1843, the operation was accomplished in America, aside from McDowell, by but four men. These were Drs. Nathan Smith, Alban Gold-

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smith, David L. Rogers and John Bellinger. For a period of about twelve years after McDowell's death, the operation seems to have fallen into disuse. The only ovariectomy performed during this time was Bellinger's case in December, 1835.

Here a brief reference to a later ovariectomist, Joshua T. Bradford, who for his time held the record as the most successful operator, but for some unknown reason passed into temporary obscurity, is not without interest. Joshua Taylor Bradford was born in Bracken County, Kentucky, December 9, 1818, the son of William Bradford, of Virginia, and Elizabeth Johnson. He was educated in Augusta College, and studied medicine with his brother, Dr. J. J. Bradford, graduating in 1839, from the Transylvania University. From the beginning of his career he directed his attention to surgery. The elder L. P. Yandell in speaking of Bradford in his memorial sketch in the Transactions of the eighteenth meeting of the Ky. State Med. Soc., says:

And it was not long before he became the foremost surgeon of Kentucky, and of all the West, in that affection. Nor is it too much to say that at the time of his death he stood first among surgeons everywhere—in Europe and in our own country—as an ovariectomist. Not that he had done the operations oftener than any other surgeon. Such is not the fact. It has been performed much oftener by Atlee, Wells, Dunlap, and others; but by none with the measure of success that crowned his operations. In the hands of the surgeons just mentioned the recoveries were respectively 71, 73 and 80 per cent. With Bradford the cases in which he operated successfully amounted to 90 per cent.

He is credited with having performed thirty ovariectomies with a mortality of ten per cent, the lowest on record at that time. This established for him the same relationship towards ovariectomy that Benjamin Winslow

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Dudley occupied towards lithotomy. Like Dudley, although not the originator of ovariectomy, he was at that time its most successful exponent. He continued to practice in Augusta, where he was reared. He twice declined the chair of surgery, and shortly before his death he was again urged to accept it in Cincinnati. He died in the year 1871 of an abscess of the liver.

That he was inclined to be unambitious has been pointed out by others. He preferred, it has been said, "the charm of his Piedmont home to the allurements of professional life." This, however, hardly explains the completeness with which he, for a time, was lost to his profession in Kentucky. With his passing he seemed in an unusually short space of time to have been so completely forgotten that in 1907-8, while collecting Kentucky data for Dr. Howard A. Kelly's *Cyclopedia of American Medical Biography*, we seemed to have re-discovered, this sturdy character, who belonged in a class with McDowell, Dudley, and Brashear. As we continued our investigation we learned to our astonishment that the older members of the Louisville profession, some of whom had directly interested themselves in McDowell and the operation of ovariectomy, were at that time as strangely in ignorance of Bradford as we had been.

What might be referred to as the real acceptance of ovariectomy came in the early '40's with the Atlees on this side of the Atlantic, and Dr. Charles Clay, in 1842, in Manchester, England. This revival was practically coeval with the advent of anæsthesia. It may justly be referred to as the second epoch in the establishment of ovariectomy, and was dependent rather upon the beneficent influence of this discovery, than upon the activity or success of any person or persons on this, or the other side of the Atlantic.

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To ask the subject of an ovarian tumor to submit to an abdominal section, even after the era of anæsthesia, was quite enough. But if we add to the primitive state of surgery, as it then existed, with its high mortality, and its fears and prejudices against operations, the fear and dread of pain which through consciousness were added before the era of anæsthesia, we wonder that any of these patients submitted to a proposal that involved such terrors and uncertainties, even though it carried with it a possible relief from the misery which they had endured. And if through a vivid imagination, we visualize the cold facts, with all the terror and desperation that attended such conditions and operations, we shall then, and only then, be adequately prepared to do homage to the earlier operators and their patients.

A proper realization of such distressing details will emphasize our conclusion, that the honors of ovariectomy should be divided equally between Ephraim McDowell and Jane Todd Crawford. The thoughtlessness with which she has been ignored in the past is after all a sad commentary upon our present-day conception of justice and gratitude.

In March, 1842, Dr. Crawford W. Long, of Georgia, proved the anæsthetic properties of ether, and in October, 1846, Warren, in the Massachusetts General Hospital, again demonstrated these properties and their surgical uses. Although Warren was not the first, his demonstration attracted more attention, and, therefore, bore more fruits than Long's demonstration.

With the operation as performed by McDowell upon a sound surgical basis and with the advent of anæsthesia, which eliminated the principal horrors of surgery, fear and pain, ovariectomy soon began to be practiced with

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increasing frequency. With this second epoch in the establishment of ovariectomy came a series of debates upon the *propriety* of the operation, that strongly reminded us of the debates that occurred before the time of McDowell, and that revolved about the *possibility* of the operation. McDowell, through his results having put a quietus on the debates upon the possibility of the step, the discussions broke out with added furore upon its propriety. These latter debates, like those before the time of McDowell, did not occur in any one country, but occurred more or less, in every country where the accepted surgery of that day was practiced.

In the United States we had such men as Nathan Smith, Alban Goldsmith, Rogers, and Bellinger, all of whom, save the latter, performed the operation before the passing of McDowell, and after that period, principally the two Atlees, Dunlap, and Kimball, as advocates of its propriety and adoption.

On the negative side of this question we find among others such names as Prof. Mütter, Prof. Chas. D. Meigs, of Philadelphia, Prof. Joshua B. Flint, of Louisville, Liston and Robert Lee, of London, and Mathews Duncan, of Edinburgh.

Dr. Washington L. Atlee, in his address before the Philadelphia County Medical Society, delivered February 1, 1875, while reviewing the indignities to which he was exposed, gives the local coloring of the opposition, as it appeared in Philadelphia, thus:

From the earliest period of ovariectomy in Philadelphia, down to the present time it has been my invariable custom to invite members of the profession to witness the operation in order that they might be able to form a proper opinion of its character and to judge of its propriety.

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It was a rare circumstance during the probationary stage of the operation for anyone to accept the invitation cordially and gratefully. Others positively refused and emphatically condemned the innovation, while others took the invitation as an insult.

Gentlemen who were bold enough to witness the manipulation were even directly accused by their professional acquaintances of being "*particeps criminis*" in committing murder: notwithstanding these murder patients recovered. Some, high in the profession, against all ethical considerations, would call upon the patient who had fully decided upon the operation for the purpose of warning them against me and certain death.

Sometimes the professors would go out of their way to denounce it. One eminent surgeon, now dead, after the occurrence of a fatal case, in 1851, opened his lecture on surgery in words like these: "Gentlemen, it is my painful duty to announce to you that a respectable lady who, a few days ago came from New York to this City with an ovarian tumor, which was removed by Doctor Atlee, returned to that City today a corpse." This was particularly marked, as it had no relation to the subject of that lecture. It was not uncommon for medical men to refuse to meet me in consultation for no other reason than my persistence in performing ovariectomy.

A prominent surgeon then belonging to the staff of the Pennsylvania Hospital, upon being called out at night to see one of my patients, when I was sick in bed, after prescribing and without his having been solicited to join in the treatment of the case, voluntarily said: "Tell Doctor Atlee that I will not meet him in consultation because he undertakes to perform operations not recognized by the profession." Another in passing along Arch Street, opposite my house in company with others exclaimed "There lives the greatest quack in Philadelphia." And yet this same gentleman is now an ovariectomist himself.

In France, Cazeaux, almost single-handed, fought the French Academy of Medicine in a discussion upon ovarian cysts and their treatment, that lasted from October, 1856, to the following February, and that included in the oppo-

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sition such names as Velpeau, Cruveilhier, Cloquet, Malgaigne, Guerin, Trousseau, and others.

Peaslee has given us a number of the keen expressions indulged in during this discussion, to wit:

Malgaigne: "A great deal has been said in America and France respecting the extirpation of ovarian cysts; an operation too radical, as it seems to me, and of a nature to place patients too absolutely beyond all resource . . . The alleged statistics prove nothing. All know what statistics are worth when all the successes are collected, and the reverses are omitted."

Cruveilhier: "Although it has been performed quite a large number of times with success, especially in England and in America, I do not think that this daring operation should be allowed a citizenship in France; success does not always justify rash proceedings."

Huguier: "In spite of the statistics, we reject it in a manner almost absolute."

Velpeau: "The extirpation of diseased ovaries is a frightful operation, which ought to be proscribed, though the cures announced were real."

Moreau: "For myself I think this operation should be placed among the prerogatives of the executioner."

Cazeaux, who alone raised his voice in defense of the operation, said in closing:

Finally, is there nothing better to be done in these unfortunate cases than to abandon patients to a certain death? . . . I will only touch upon this question, for I know that my answer will meet with but little sympathy in this circle, and that, to justify it, I should be obliged to speak too much at length. But I will not leave this stand without protesting against the anathema hurled by several speakers against extirpation of the ovaries . . . I believe that, before proscribing, we should examine, and that a sufficiently serious examination has not yet been made . . . Reserved for multilocular and areolar cysts, for those whose fluid is albuminous or gelatinous, I do not hesitate to declare my conviction that the operation is fully justifiable.

Do not forget, he added, that I speak of an ovarian cyst, and one of the worst kind; that when these malign tumors have

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acquired a large size they kill in a very short time, and that, before killing, they produce such sufferings that, to many of these unfortunates, death seems preferable to life. Now, in these circumstances, an operation is proposed which has already had numerous successes, and you reject it with disdain. Well, I assert that your indignation is not legitimate, and that you have no right not to instruct families as to the resources it affords to patients suffering thus. Every day surgeons are performing operations quite as grave, for diseases whose symptoms are not more pressing.—*Peaslee*.

In Germany the debates hardly reached this degree of intensity. We find such men as Chrysmar of Isny, Martin of Lübeck, and Bühring of Berlin, favoring the operation; and notably among the opponents was Dieffenbach, who, as late as 1843, spoke of ovariectomy as sheer murder.

One noteworthy feature is that the general surgeons were inclined to oppose the procedure, while the obstetricians favored it. An exception to this rule was Prof. Charles D. Meigs, professor of obstetrics in Philadelphia, who bitterly denounced McDowell and challenged his veracity. In this country Physick turned McDowell down cold, while James welcomed the procedure and encouraged McDowell in every way that he could. This was similar to what occurred in Great Britain, where the Obstetrical Society of London raised no objection to the principle of ovariectomy, though a few members were for a time at least opposed to it. The surgeon-accoucheur Cazeaux opposed the French Academy of Medicine, which had as its members the most noted surgeons in France, who were equally celebrated at that time throughout the world.

According to Fehr, the first successful ovariectomy performed in Europe was by an Italian, Doctor Emiliani, in Faenza, in the year 1815. If this is correct, it constitutes the first successful ovariectomy that was performed out-

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side of the United States, and would make Doctor Emiliani the second ovariologist in the world. It is notable that this date is about six years after McDowell's first venture, but what is of more importance is that it was about two years before the publication of his first report.

Since Emiliani's case has repeatedly been referred to in literature, and since in view of the date, it is of distinct historical interest, we have prepared an abstract of the report as it appeared in the *Bulletino della Scienza Medica Bologna*, 1843.

This paper was read before the Medico-Chirurgical Society of Bologna, by Dr. Emilio Emiliani, and represents the report of an operation performed by his father, Doctor Gaetano Emiliani, twenty-eight years before. The title of the paper is *Storia della Estirpazione di una Ovaia eseguita dal Prof. Gaetano Emiliani redatta dal dottor Emilio Emiliani de Faenza*.

The case report is as follows:

Rosalia Ghetti, of Faenza, aged twenty-six years, a baker's wife. She was of lymphatic temperament, menstruated regularly and aside from the exanthemata in childhood, enjoyed good health. She, had given birth to three children, the last of whom was a nursing infant. Although unaccustomed to work, she did some washing, using a board that pressed against the lower part of her abdomen. She felt no discomfort from this at the time, but during the night she was awakened by a pain in the left iliac region. After suffering for several days she called Dr. Girolamo Brunetti, who discovered a tumor, not visible on inspection, but, partly definable and painful on palpation.

Blood-letting and the commoner remedies were tried without avail. He then tried hemlock, mercurials, and other remedies of similar action, together with irrigation of warm water. After a lapse of four months without any improvement she was thought to be pregnant, and the treatment was limited to rubbing with olive oil. Two months thereafter and attended with a considerable hemorrhage she passed a large "Mola." She con-

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tinued to have a slight flow of blood for twenty-five days, when she began to have a rise in temperature.

At this juncture Dr. Gaetano Emiliani, the surgeon, was called. She had continuous fever, with a chill in the evening, thirst, dry tongue, restlessness, anorexia, insomnia, constipation and diminished urine, high-colored but without sediment. Nutrition fairly good.

The tumor was hard and attended with spasmodic pains, but with no abnormal external appearance on inspection. The symptoms indicated "scirrosa" condition of the ovary with possibly a "carcinoma." The only remedy seemed an extirpation. This met with the approval of the family doctor, as the temperature continued high and the lancinating spasmodic pains had increased. Dejections of a fluid and offensive character occurred, and the urine increased with abundant colored sediment.

There was present at the operation Doctor Brunetti and the phlebotomist, Mr. Antonio Bucci, together with some relatives of the patient. My father incised the integument along the linea alba for about two and one-half inches. He divided the underlying muscles, and carefully the peritoneum. This brought him to the left ovary as identified by its form, position, and connections, although unusually enlarged. The upper part was covered with small vesicles, from which upon incision foetid liquid escaped. It was adherent to the lower portion of the colon. Surrounding it were varicosed vessels. It was easily separated from its adhesions and usual connection, ligating the vessels as they appeared. The loss of blood amounted to about one-half a pound. The wound was closed and dressed with compresses and a tight bandage.

The day following the fever was higher, with great thirst and anorexia. She was subjected to a blood-letting, which was repeated the next day. In addition she was given tartar emetic and large quantities of lemonade. The wound was dressed for the first time on the third day, and in the presence of several surgeons. It was doing satisfactorily, with but little signs of suppuration.

On the eleventh day there was no fever, and in a short time she was again in good health. The menstrual flow returned, and in a year thereafter she gave birth to twins, who lived but a few hours. Later on two more children were born to her, who died

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in infancy. After these she gave birth to a son, who died in adolescence from scrofula, and two daughters, who are healthy and living.

The ovary after twenty-eight years in alcohol appears pyriform, and measured nine centimeters in length and five in width.

In view of the fact that the report was not made by the operator, but by his son from papers left by his father, and twenty-eight years after its performance, and that the clinical history of the case is hardly one of an ovarian tumor; together with statements from other Italian operators, placing the date of the first ovariectomy in Italy many years later, and to the credit of another; Emiliani's case seems surrounded with too much doubt to be credited with being second to the ovariectomies of McDowell, or for Dr. Gaetano Emiliani to be referred to as the second ovariectomist in the world.

In Peaslee's work we find a record of the assertions, made by Italian writers, that the first ovariectomy was performed in Italy in January, 1865, by Dr. Dominico Peruzzi, of Sinigaglia (*The Lancet*, January, 1865 and 1869), that Professor Bezzi (*London Med. Times and Gaz.*, Sept. 3, 1865), was the second operator with the first success. Doctor Feoradini in *The Ippocratio* for January, 1868, states that up to that time there had been but seven ovariectomies in Italy, and all had proved fatal (*The Lancet*, 1868, vol. i).

Spencer Wells in his work upon the ovaries says:

In Italy, the first successful ovariectomy was performed by Professor Landi, of Pisa, in September, 1868; the second, by Professor Peruzzi, of Lugo, in 1869; the third, by Doctor Marcolo, of Padua, in July, 1871. In his account of this operation, Doctor Marcolo says that it is the sixteenth ovariectomy performed in Italy, the results having been three recoveries and thirteen deaths; and he joins with

Landi in urging his countrymen, by courage and perseverance, to emulate the successes of their English brethren.

If we consider the special features of Emiliani's case, together with the contradictory statement of his own countrymen, we can hardly successfully balance his claims against the claims of Chrysmar of Isny as the second ovariectomist.

It is true that Chrysmar's cases were reported after his death and through another. However, the time that elapsed was but eight years instead of twenty-eight years; the report was made, not from papers left by the operator, but by one who assisted in the operation; lastly, the clinical descriptions more clearly establish the identity of the tumors in Chrysmar's cases than in Emiliani's, as being of an ovarian origin. He performed the operation May 16th, 1819, almost ten years after McDowell's operation, and less than two years after his first publication. Hence, from all available evidence, the conclusion seems justifiable that to Chrysmar is due the distinguished honor of having been the first successor to McDowell, irrespective of country.

Like McDowell, he was an able but comparatively obscure practitioner in the small Würtemberg town of Isny. It is not definitely known whether Chrysmar was acquainted or not with McDowell's first report, which appeared in 1817. Situated as he was, more or less remote from large centers, in a time when exchange of communications was far from what it is to-day, it is possible that he was unacquainted with McDowell's work. In that event, the importance of his efforts, and the credit to which he would be entitled would be second and almost equal to the importance and the credit due to McDowell alone.

In any case, in full agreement with the suggestion made by others, we believe that, like McDowell, Chrysmar

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should by his countrymen be honored with a monument, memorializing his deeds of courage and usefulness.

Chrysmar's three cases were reported by Doctor Hopfer, of Biberach, who assisted in the operations, and who was prompted to report the cases after reading the report of John Lizars' "Extirpation of Diseased Ovaria."

The report is filled with details that are omitted in this abstract.

Case 1. The wife of a German peasant, age forty-seven years, who gave birth to eight children. In her last pregnancy she suffered from vomiting, abdominal pains and extreme constipation. Abdominal symptoms continued after the termination of this pregnancy.

In the beginning of her forty-sixth year her abdomen had the appearance of a pregnancy of full term.

This was variously treated, and variously diagnosed, until she came under the care of Doctor Chrysmar, who diagnosed a "hardening and enlargement of the left ovary with ascites."

He proposed extirpation, which advice was accepted, and carried out on May 16, 1819.

An incision was made to the left of the umbilicus, extending from the ensiform cartilage to the pubes. Five *maass* of an odorless green fluid escaped. Extensive adhesions to the colon, stomach and abdominal wall were encountered, and were separated by means of the fingers or the end of the bistoury. The pedicle was tied with a double ligature and the tumor cut away. Hemorrhage was comparatively slight, requiring but two additional ligatures. The time of operation was twenty minutes.

She stood the operation well, but soon thereafter peritoneal symptoms manifested themselves, which terminated the case in thirty-six hours.

Shortly before the end the bandage was removed and the local condition critically examined, even to the re-opening of the abdominal wound. The tumor weighed seven and one-half pounds "Civil Weight."

Case 2. A married woman, age thirty-eight years, from B—. She gave birth to five children, two of which died soon after being born. The last child was born in her thirty-first year.

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Shortly thereafter disturbances on the left side became apparent. After receiving medical attention at the hands of several physicians, without avail, she drifted to Isny and came under the care of Doctor Chrysmar, who apprised her of her condition and advised an operation, which advice she accepted. Operation June, 1820. An incision was made similar to the one in the first case, except that the opening into the peritoneal cavity was cautiously made, and at first limited in extent. The assistant was urged to prevent the escape of the intestines, by the use of his outstretched hands liberally coated with oil. He evidently had been impressed with this importance from his first experience. When they did escape they were received in hot moist napkins. The pulsating vessels filled the assistants with fear and sympathy. The tumor was delivered, tied with a double ligature, and cut away. The intestines, which had been out of the cavity five or six minutes, were returned, and the abdominal wound closed. The duration of the operation, fifteen minutes. The recovery was practically uneventful, and at the end of six weeks she returned home. The tumor weighed eight pounds "Civil Weight."

Case 3. An unmarried woman from Scheideck, Bavaria, age thirty-eight years, who from childhood was crippled as the result of a tubercular condition. Throughout her entire life she was delicate and almost constantly under medical supervision.

At the age of thirty-two, a tumor, the size of a child's head, and located on the left side was discernible. Later she was tapped, and eight *maass* of yellow gelatinous fluid removed.

She was referred to Doctor Chrysmar, of Isny, who, notwithstanding the unfavorable outlook, advised an operation, which after due consideration was accepted.

The operation was performed in the month of August. The incision was the same as in the other cases, and upon opening the abdomen, three *maass* of yellowish-green foul-smelling fluid escaped. The escaped intestines were received in warm moist cloths. The tumor was marked by varicose vessels, and adherent to the promontory of the sacrum. This adhesion was easily divided with a knife. The pedicle, four inches in thickness, was secured with a double ligature, and divided. The wound was closed, and after removal to her bed she lost consciousness for eight minutes. This repeated itself several times until at

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the end of thirty-six hours she expired amid convulsions. This like the other unfavorable case was subjected to a post-mortem examination. The tumor weighed six and one-half pounds "Civil Weight." Tubercular deposits, more especially on the surface of the liver, and which on section discharged a small amount of pus, were revealed at the autopsy.

Doctor Hopfer concludes his article with a sketch of Doctor Chrysmar.

Doctor Chrysmar was born in Würzach, in 1774, of indigent parents. At an early age he manifested unusual intellect and earnestness. His meagre resources did not permit of any educational opportunities, but notwithstanding this he mastered the Latin and the German languages. At the age of sixteen he went to Vienna as a surgical assistant, and devoted all his spare time to attendance on surgical lectures at the St. Joseph's Institute. He was much interested in anatomy. At last, through great economy and the assistance of others, he was able to matriculate at the University, where his industrious habits attracted attention. After a residence of ten years in Vienna, he graduated, whereupon he settled as surgeon and accoucheur at Constance. He was soon called to Isny, Würtemberg; this call he cheerfully heeded owing to its promixity to his birthplace. He rapidly acquired a high reputation as a surgeon. He read much, critically studied every new surgical work, and traveled extensively. He had a private institute for treating his patients, to which patients from the surrounding region flocked. As a man, a physician, and a friend, he was highly esteemed; unselfish devotion was his characteristic.

He was requested by Doctor von Klein, of Stuttgart, in 1820, to publish his principal operations, but was prevented by his sudden death in 1821, in his forty-seventh year, from "Gout on the Lungs." He died much too early for his family and suffering humanity.

CHAPTER IX

THE OPPOSITION OF THE EARLY FRENCH SCHOOL—THE HISTORY OF AN EMPHYSEMA, BY WILLIAM HUNTER—THE RÔLE OF THE BRITISH SCHOOL.

ACCORDING to Professor Hofmeier, the first successful vaginal hysterectomy for carcinoma was carried out three years later by an ordinary practitioner, Doctor Sauter, of Constance, a town near Isny.

The adoption of ovariectomy in Germany was slow. This was not because special aversion to it existed in Germany, as it did in France, but because in Germany, they considered it as too dangerous, and the German estimate of the risk was largely influenced by the emphatic opposition that marked the discussions in the French Academy. After these discussions, ovariectomy, which had made some progress in Germany—at least more than it had in France—received a distinct set-back. This set-back was again favorably influenced by the French, when Nelaton returned from his visit to Baker Brown in 1861, and vigorously espoused the cause of ovariectomy.

According to Gustave Simon, the well-known German surgeon, up to the year 1858 sixty-one operations were performed or attempted. Of these sixty-one patients, forty-four, or seventy-two per cent., died after the operation, and only fourteen recovered. According to later statistics compiled by Doctor Dutoit in the year 1864, the operation was performed or attempted seventy-four times, with fifty-five deaths.

Among the names of those who did most toward the improvement and adoption of ovariectomy in Germany are Nussbaum, Hegar, Olshausen, Schroeder, and Martin.

Prior to the time of McDowell, and about the middle

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of the eighteenth century, the activity of the French school became aroused. This activity centered about the incision and drainage as a cure for ovarian tumors, and reflected the lesson which Houstoun's experience taught. The use of iodine was later added, and grew in favor, largely through the influence of Boinet's work. It was taught that multilocular and serous cysts could be cured by iodine injections.

After these procedures had for some time been energetically discussed and reasonably tried, they were by common consent discarded as inadequate. Based on one of these failures, Delaporte in 1755 advanced the idea of excision as the only certain method of successfully dealing with this condition. In this he was supported by Morand, who qualified his endorsement by advocating extirpation, but in the early cases. Morand's views were effectually opposed by M. Hevin in a paper before the Royal Academy of Surgery, which stifled all expression until 1798, when Chambon, after considering the tumors amenable to excision, said: "I am convinced that a time will come when this operation will be extended to cases more numerous than those in which we have proposed it, and that no objection will be made to its performance."

About the time of Delaporte, Theden, who in literature has been associated with the French school, came forward with a carefully detailed operation for the excision of these tumors. Theden's operation was ably defended by two English surgeons, Power and Darwin.

It consisted of an inguinal incision down to the cyst. This he believed to be outside of the peritoneum. He dilates the wound with his fingers, exposing the cyst, which he incises and evacuates. He then delivers the sac and ligates the pedicle, allowing the ligature to pass out at the lower angle. If the sac fails to be delivered, or the

tumor is a solid one and cannot be delivered, he ligates the pedicle to accomplish the destruction of the tumor. If he is successful in the removal of the sac, the wound is closed.

We have endeavored to identify Theden and give to him his proper place. Our efforts resulted in finding but one Theden, who was the Surgeon-General of the Prussian Army in 1786.

Johann Christian Anton Theden, 1714-97, was educated as a barber-surgeon, and probably in literature became confused with the French school through his "Neue Bemerkungen und Erfahrungen zur Bereicherung der Wundarzneykunst und Medicin," published in 1771, which contained some remarkable surgical contributions, and which passed through a French translation.

In 1807 Samuel Hartman d'Escher submitted to the Faculty of Medicine of Montpellier a thesis upon ovariectomy containing the following description:

The thesis by Sam. Hartman d'Escher at Montpellier, 1807—"Considerations medico-chirurgicales sur l'hydropisie enkystée des ovaires," These de Montpellier, 1807—contains the following description of the operation from Thumin:

"Make an incision along the outer border of the rectus muscle, detach with the fingers, or the bistoury even, the adhesions which exist, draw out and excise the tumor after having tied the pedicle, and let the ligature come through one of the angles of the wound, whose edges are to be brought together and kept coaptated by lateral compresses or a bandage around the body." From this time not an encouraging word has ovariectomy received from any surgeon in France for more than fifty years, or up to the year 1861. (*Peaslee.*)

If we are correct in saying that incision and drainage, or the *Houstoun* operation, was the keynote of the French school before the time of McDowell, we are equally correct in saying that opposition to extirpation, or the McDowell operation, was the keynote after his time.

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The stubbornness and prejudice that marked the French attitude can only be appreciated if we remember that up to that time, the close of 1856, the operation had been performed ninety-seven times, with fifty-four successes, in the United States; one hundred and twenty-three times, with seventy-one recoveries, in England; and forty-seven times in Germany, with thirteen recoveries; and still it was being unmercifully condemned in the first city of France.

We may scrutinize the history of medicine ever so carefully, but we shall fail to find a similar instance in which the opposition to a new advance equalled the opposition to the adoption of ovariectomy that marked the French school in particular. It was a degree of stubbornness and bitterness that usually attends proposals of a radical nature only, which ovariectomy at that time meant to even a far greater degree than its opponents had the faintest conception of. In fact, the most prominent surgeons of France acted as though they were oblivious to what had a decade before been twice successfully accomplished in their own country, not to mention the ovariectomies in other countries, of which the successes alone had by this time almost reached the number of one hundred and fifty.

On April 28, 1844, Doctor Woycikowski, at Quingez (Doubs), an obscure general practitioner, successfully performed an ovariectomy. He found the patient, who believed herself pregnant, suffering from ascites, and tapped her. This enabled him to perceive a movable tumor at the pelvic brim, which at her solicitation he removed. The tumor was a solid one weighing six and one-half pounds, and had the fimbriated extremity of the Fallopian tube adhering to it.

Four months after her recovery she became pregnant and was delivered at full term of a healthy boy. She was

confined a second time in December, 1846. This is the first recorded ovariectomy that was performed in France.

On September 15, 1847, and again remote from Paris, at Conde-sur-Noireau (Calvados), a provincial doctor, Doctor Vaullegeard, performed another ovariectomy, which was also successful. In his report he strikingly outlined the steps to be followed, viz:

Open the abdomen, more or less widely, grasp the tumor, reduced or not in size by one or more punctures; then separate it, after having tied the pedicle.

It is singular and well worthy of emphasis that, although the idea of extirpation as the only cure for ovarian tumors was suggested and discussed in various countries for a century, it remained for a relatively obscure country doctor in the backwoods of a young and newly developed country to put the idea into execution. And strange to say, what occurred in America was repeated in England, Germany, France, and Italy, namely, it was some obscure, or relatively obscure, practitioner in these countries who was the first to adopt the idea and successfully carry out the procedure. The surgeons of note in these countries, practically to a man, either ignored or actively condemned the step. It was only after their more humble and unpretentious colleagues had accepted and demonstrated the entire feasibility of the procedure, that the high and learned descended from their disdainful perch, and followed the lead of the lowlier members of the profession.

In 1856, C. L. Bernard pointed out the results obtained abroad, and pleaded in vain in its favor. This was followed by a carefully prepared paper, in 1860, by M. Jules Worms, a distinguished general practitioner of Paris, together with another about the same time by Boinet,

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but it was not until November, 1861, that Nelaton was sufficiently moved to go to England and see Baker Brown operate. Here he saw a light, and on his return Nelaton delivered what has been referred to as a sensational lesson in the *Hopital des Cliniques*. This was the first advocacy of the operation by a French surgeon in a French University, and from this time on the tide changed in France.

We may correctly say that the adoption of ovariectomy in France dates from this, or had its beginning in the early sixties, twenty years after it had its beginning in England, and fully a half a century after McDowell's first operation.

Then followed Demarquay, who operated unsuccessfully in 1862, in the presence of Nelaton and Trousseau. About the same time Koeberle, of Strassburg, Pean, of Paris, and others began, until by 1867 one hundred and twenty-two operations had been performed with forty-nine recoveries. (*Pozzi*.)

The rôle of the British School, in connection with ovariectomy, is such a peculiar one, and is surrounded with such confusion and misunderstanding that it deserves a detailed consideration. In the second period of the evolution of ovariectomy, which was contemporaneous with the advent of anæsthesia, and which marked the real adoption of the operation, the British, beginning with the work of Dr. Charles Clay of Manchester in 1842, rapidly assumed a position of the first importance. They not only to a degree overshadowed America itself, but they became the distinct fountain-head from which surgeons through Europe, and even America, received their inspiration. This work was not alone of the highest importance so far as the second period, or the period of adoption, is concerned, but it maintained its importance throughout the third

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period, or the period of perfection, during which certain debatable details were settled, and the mortality was steadily reduced until the operation for a time stood alone, in the realm of surgery, in point of brilliancy and importance.

This important relationship to the second and third period in the evolution of ovariectomy, naturally gave rise to the conclusion, held by many, that the same important relationship that existed during the second and third period prevailed throughout the first, a view that we are unable to endorse, and that we believe will hardly be supported by facts. For this reason an additional review of the British attitude during the first, or formative period of ovariectomy, is of more than passing interest.

In this review we begin with Houstoun's case, in 1701. Houstoun's operation, although a daring step for that time and a credit to its author, was not an ovariectomy; and, we may safely add, in no way aided or influenced those who came after him in the development of ovariectomy. It was, perhaps, largely responsible for the debate later on in France in favor of incision and drainage, with a subsequent addition of irritants, made by the French in the hope of solving the problem of ovarian tumors. But even the French with all of their enthusiasm about the idea were finally compelled to abandon it absolutely. Being but an isolated instance of successfully opening the abdominal cavity, it carried with it no more influence than that which had attended many other isolated instances of successfully opening the abdominal cavity for various procedures before the time of Houstoun.

It was here that McDowell's wisdom and method stand out in bold contrast to the pioneers who preceded him in courageously opening the abdominal cavity for some intra-abdominal condition. He wisely waited until

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he had repeated his experiment, or until it ceased to be an experiment, and became an accomplished fact, before publishing his report. This apart from ovariectomy in particular, carried with it the lesson that the abdomen could under proper care be invaded with a reasonable degree of safety, and on this lesson was founded the entire range of abdominal surgery. It was only after ovariectomy had achieved a permanent and brilliant record that the followers of McDowell took courage and began to branch out in other directions of the abdominal cavity; and, therefore, it is only fair that McDowell's title should be changed from that of Father of Ovariectomy to Father of Ovariectomy and Founder of Abdominal Surgery.

Furthermore, Houstoun, when he began his operation, evidently had no clear or preconceived idea of what he intended to do. He began with a trocar, and what followed was simply a gradual enlargement upon the trocar, or the idea of tapping, until he had an opening of about five inches. As pointed out by Grieg Smith, the incision was an afterthought.

The next figure of importance that we have observed in the British school is that of William Hunter, who on October 31, 1757, read a paper entitled "The History of an Emphysema," before a society of physicians in London. This paper, in addition to being a report of a case of emphysema, as his title indicates, also covers in a general way the realm of surgical pathology about as it existed at that time, and lastly according to his particular point of view.

From this paper Sir Spencer Wells has taken the extract to support his statement of the credit due "a series of eminent British surgeons." As presented by Sir Spencer Wells, it so inadequately represents William Hunter's views that we deem it proper to reproduce the

entire section. That part of William Hunter's paper covering his views upon pathology is divided into sections, of which the ninth deals entirely with his remarks upon "ovarian dropsy" and the proposed measures for their relief, to-wit:

The History of an Emphysema, by William Hunter, M.D.,
Read October 31, 1757. Med. Observations and In-
quiries, London, 1762, vol. II.

Section IX. The encysted dropsy of the *ovarium* is a case which has a less chance still of being carried off by scarifications in the legs, when complicated with an *anasarca*. Purging, etc., does still less towards evacuating the waters in this case, whether fluid or glutinous, than in the common *ascites*.

I have had occasion to see a great number of encysted dropsies, many of them treated by physicians of the first rank, and yet have never seen one cured; nor have I ever known one case of that kind, when the cyst has been sensibly diminished in bulk by any other means than by the *trocar*. If I may form a judgment from what I have seen, both in the living and in the dead body, I should believe that the dropsy of the *ovarium* is an incurable disease; and that a patient will have the best chance of living longest under it who does the least to get rid of it. The *trocar* is almost the only palliative. It has been proposed indeed by modern surgeons, deservedly of the first reputation, to attempt a radical cure by incision and suppuration, or by the excision of the cyst. I am of the opinion that excision can hardly be attempted; and that incision and suppuration will be found by experience to be an operation that cannot be recommended, but under very particular circumstances. That the reader may see what this opinion is founded upon, I will give a concise account of the nature of the dropsy of the *ovarium*, as it has appeared to me in a number of cases, both in the living and dead body.

It is generally of a considerable size, as big as a pint bottle for example, before it is discovered; for the patient generally has neither bad health nor pain to put her upon an early inquiry; and while it is small it is perceptible only in particular situations. At first it is commonly situated towards one side in the

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lower part of the belly, and is movable under the hand; then it becomes gradually more fixed, more extended both forwards and upwards in the belly, and more painful and oppressive to the patient, etc. When the cyst is single, and extended over the whole *abdomen*, it cannot be distinguished by the feel, from a common *ascites*; till then it can hardly be said to resemble the *ascites*. When there are a number of cysts, we are generally sensible of the inequality in the swelling, from first to last.

In the dead body, upon examination, we find they take their origin from the *ovarian*, or adjacent parts, at the *ligamentum uteri latum*. Both when small, and when so large as to contain several quarts, they are sometimes detached or loose all around, except just at their origin; but more commonly they are found to have contracted partial and irregular adhesions to the neighboring parts, seldom indeed if ever to the floating loose turns of the bowels. When they are come near to their utmost extension, they sometimes adhere uniformly and universally to the *parietes* of the *abdomen*; but more generally, even in this case, the adhesion is partial and irregular. When there is only one cyst, it generally, if not always, contains a thin water: when there are many, some of them more commonly contain a ropy fluid, in consistence like gall or thin honey; and others a gelatinous substance. The thin water is usually clear, the ropy fluid of a dark brown color, and the jelly sometimes less clear and transparent than the white of an egg: sometimes it is mixed with opaque white parts: sometimes it is of an amber color; and at other times dark and brown. All this variety has been found in the same person. I can hardly say that I have ever found any part of a dropsical *ovarium* in a truly scirrhus state. What at first view might seem such, proved, upon cutting, to be a compact group of small bags; or a spongy substance filled with jelly.

Generally before the patient dies of such a dropsy some degree both of *leucophlegmatia* and of *ascites* is brought on: so that when such bodies are open some water is found loose in the cavity of the belly; and sometimes the cyst is found to have burst and to have discharged its contents into that cavity.

Now, if the disease be nearly what I have stated, must not the wound made in the belly, for the excision of the cyst or cysts, always be large enough to admit the surgeon's whole

hand? Must it not be often a good deal larger; as when the tumor is large, and composed of a number of bags filled with jelly? Would not such a wound be attended with a good deal of danger from itself? Would it not be very difficult to cut the *peduncle* or root of the *tumor*, with one hand only introduced? Would it not be impossible to do this, where the adhesions proved to be considerable? Would there not be great danger of wounding the intestines? If any considerable branch of the spermatic artery should be open, what could the surgeon do to stop the bleeding? If it be proposed indeed to make such a wound in the belly as will admit only two fingers or so, and then to tap the bag, and draw it out, so as to bring its root or *peduncle* close to the wound of the belly, that the surgeon may cut it without introducing his hand; surely, in a case otherwise so desperate, it might be advisable to do it, could we beforehand know that the circumstances would admit of such treatment.

With regard to incision and suppuration, all that is proposed to be got by this painful operation is the change of the dropsy into an incurable *fistula* in the belly. For this the patient must not only undergo much pain, but likewise be exposed to great danger; particularly where the cyst happens not to adhere to the muscles at the part where the incision is made, or where there are a number of cysts. In the first case, the wound would be a large one, communicating with the cavity of the *abdomen*; and both the external air and the contents of the incised cyst will be admitted into that cavity; so that we may expect very considerable inflammation. In the second case, where there are a number of cysts, the inflammation and suppuration will either be too slight to discharge all of them or too considerable to be supported with life.

It was a common belief in that period, and for some-time thereafter, that a relationship existed between ascites, anasarca and dropsical ovaria, as ovarian tumors were called. The ovarian tumor was in short an encysted dropsy of the ovary. This, therefore, led to tapping alone, or to tapping and the injection of irritants.

From the views conveyed in section nine we cannot escape the belief that William Hunter was not only very

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pessimistic upon the subject, but that his remarks upon the surgical treatment of ovarian tumors are practically hopeless in their tone. This very discouraging attitude of Hunter's goes far towards explaining why so little interest was manifested upon the subject in Great Britain following Hunter's time.

We were surprised to have discovered upon several occasions references expressing astonishment that no action followed the publication of William Hunter's views.

From such a discouraging exposé, we are astonished that anyone should expect any action to follow so hopeless a summary, made by one of the recognised leaders in Great Britain.

How could anyone find anything in William Hunter's views to inspire action, and what more could be said than that which was said, to intimidate action?

How could you make such a statement as:—

If I may form a judgment from what I have seen, both in the living and in the dead body, I should believe that the dropsy of the *ovarium* is an incurable disease and that a patient will have the best chance of living longest under it who does the least to get rid of it. The *trocar* is almost the only palliative—

any more emphatic, or more discouraging? Even the extract which Sir Spencer Wells has seen proper to use has the depressing proviso attached, namely—"could we beforehand know that the circumstances would permit such treatment"—a proviso that in those days meant far more than it does in the present time.

William Hunter displayed a clearer knowledge of the pathology of these tumors than that which existed in that period, and for this he deserves credit; but an endeavor to attach any particular merit to him in the development of the operative side of ovariectomy is wholly unsupported by facts.

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John Hunter, his brother, spoke directly and clearly to the point in a lecture upon this subject delivered in 1785. This lecture was delivered twenty-eight years after William Hunter's paper on Emphysema. These views upon ovariectomy had been expressed by others before the time of either William or John Hunter. In short, if we look backward, we see the suggestion timidly made in the latter part of the seventeenth century debated with slowly increasing confidence and making converts throughout the eighteenth century, and put into effect in the early part of the nineteenth century through the courage of one who was really nothing more than an exceptionally capable country doctor, located on the frontier of a new country.

It was carried out not through the inspiration of any particular person, but as a culmination of a movement that had extended over a period of at least a century and a quarter.

Theden, before the time of the Bells and the Hunters, devised an operation dealing with this condition. Samuel Hartman d'Escher, a student at Montpellier, described in his thesis of 1807 practically the steps which McDowell had employed, with the exception of evacuating the contents before delivering the sac; and McDowell evacuated the sac only after he realized that it was too large to be delivered without evacuation. Therefore, we feel that both of the Hunters and even John Bell added, aside from their approval, nothing special to the development of ovariectomy. The opinions of each carried considerable weight, and this was thrown upon the side of interference through extirpation. The idea, however, began in a limited and timid way a century before, and became emboldened and developed throughout the century. When it reached the Hunters and John Bell,

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it had acquired its full maturity, and was begging for some courageous soul to put it into execution. To conclude that John Bell had, through any special remarks upon the subject, made a special impression upon McDowell, or that McDowell had, because of any special influence of Bell's, then acquired any fixed future intentions upon the subject is nothing short of the wildest conjecture.

McDowell in all probability acquired a clear working basis upon the subject, as by that time it had reached a reasonably settled state, not owing to the efforts of any particular man or the united efforts of any particular country, but through a gradual and studied evolution extending through several countries and covering the space of over a century.

The paramount question is: Who was the first to possess the necessary courage to put this into execution?

After the time of John Hunter and John Bell, we do not encounter anything further in the English school until we come to John Lizars. This covers a period of practically a third of a century, or from 1793, when McDowell attended Bell's lectures, to 1824, when Lizars published McDowell's paper, and reported his own first case, which proved to be not an ovariectomy but a mistaken diagnosis.

To the extended remarks upon Lizars, and the full reproduction of his paper, there remains but little to be added. Lizars first attempted ovariectomy in October, 1823. This attempt, which proved to be a mistaken diagnosis, was published a year later in the *Edinburgh Medical and Surgical Journal*, of October, 1824. This was his first publication upon the subject, and in this paper he incorporated, in a perfectly matter-of-fact manner, the contribution which McDowell had sent to Bell seven years before.

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It is worthy of emphasis that Dr. Nathan Smith, of New Haven, who was the second ovariologist in the United States and the third in the world, as Chrystar, of Isny, preceded him with a successful case by one year, also published his case in the *Edinburgh Medical and Surgical Journal* of October, 1822. The method and dates of Nathan Smith's publication are of more than passing interest. In his method he followed the course of McDowell, though possibly not consciously so, in publishing his successful case, as nearly as possible, simultaneously on this and the other side of the Atlantic. It appeared in the *American Medical Recorder*, Vol. V, and in the same year in the *Edinburgh Medical and Surgical Journal* of October, 1822.

As to what prompted Lizars to attempt the operation, and finally to publish McDowell's paper after it had so long remained in his possession, even after John Bell's death, has remained more or less of a mystery. Circumstantially, it is more than likely that the solution of this mystery lies in the publication of Nathan Smith's case. When Lizars in the absence of John Bell received McDowell's communication, he very probably attached no more importance to it than Physick did upon this side of the Atlantic. To those situated as Lizars and Physick were, on the summit of the crest, it was not unusual to view the pretensions of one like McDowell with amusement and distrust.

The reverence in which the peritoneum was at that time held, a respect that brought forth, among others, comments alike from the editor of the *Edinburgh Medical and Surgical Journal*, and McDowell, was in itself quite enough to condemn McDowell's thrice successful efforts as mere fiction. When, however, a second communication in the shape of Nathan Smith's article came to the

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attention of Lizars, he very likely began taking notice; and possibly it then occurred to him that McDowell's communication after all represented something more than the obsessions of a madman from the wilds of a new country.

Smith's article may have possessed an added interest in coming from a professor of surgery in one of the first universities in this new country, instead of from a backwoodsman; and in corroborating the work of McDowell, it succeeded where McDowell's communication had failed. If all this is true, and it seems both reasonable and logical, the case of Nathan Smith and its publication receive a new and decidedly important historical significance. It would mean that, after all, the awakening of the profession came through Smith's article, as McDowell's communication was nothing more than an unheeded voice in the desert.

This would be in harmony with the usual order of such events, in which the first proposal, or the performance of the originator, is rejected as the ravings of an insane member, and that of the second, who is but the follower, is accepted as the work of a genius. It therefore, seems that, after McDowell's failure to arouse interest, came Smith's article, which encouraged and inspired Lizars to action, and to the preparation of the report in which he incorporated McDowell's paper. This report attracted the attention of Doctor Johnson, whose ire became aroused, and who in consequence thereof made noise enough in his denunciations of McDowell to awaken the slumbering on both sides of the Atlantic.

In 1825, the year after Lizars published his first attempt, which was made on October 23, 1823, he operated three times in the three consecutive months, February, March, and April. The first of these three operations in 1825 was performed on February 27, and was a complete

and successful operation. The second was on March 22. This also was a completed operation, *i.e.*, the tumor was removed but the case ended fatally from peritonitis in fifty-three hours. The third was on April 24, and this was an incomplete operation, *i.e.*, the tumor was not removed, but the patient recovered from the attempt. As a summary of Lizars' ovarian surgery, we have one attempt in 1823, which proved to be a mistaken diagnosis, as no tumor existed, and three operations in 1825. In two of these the tumors were removed, one successfully the other unsuccessfully. In the last and fourth of his cases, the operation was incomplete, owing to adhesions. This case also recovered. The operation was then discontinued in Scotland for twenty years, when Doctor Handyside, of Edinburgh, operated on September 5, 1845.

In speaking of John Lizars' first case, the editor of the *Edinburgh Medical and Surgical Journal* remarks:

Though the object of the operation was not attained, its practicability in proper cases was demonstrated; and the safety of laying open the abdominal cavity, and handling the viscera with freedom made manifest, contrary to the doctrines of the schools.

This exhibition of nationalism on the part of the editor is astonishing. He entirely overlooks the fact that Dr. Nathan Smith had two years before published his successful case in this very journal, and that two years after Smith's publication, when Lizars published in this same journal his first case of supposed ovariectomy, he incorporated McDowell's first three cases, which had appeared several years before in the *Eclectic Repertory and Analytical Review* in America, and which should have been published in Scotland about the same time that they were in the United States.

Why go to such pains to credit Lizars' work with a

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lesson that had already been taught by McDowell in three successful cases published seven years before, and verified by Dr. Nathan Smith in another successful case, reported two years before Lizars published his case, thus making a record of four successful cases performed prior to Lizars' attempt, all of which appeared in the *Edinburgh Medical and Surgical Journal*?

History abounds in isolated instances in which the abdomen was successfully opened many years before the time of McDowell. That the possibility of successfully opening the abdominal cavity did not escape observation is attested to by the references in literature long before the period of McDowell, and no doubt they had their influence upon the development of ovariectomy. But as pointed out, these cases lost their importance largely through being but single isolated instances. It was the thrice repeated performance of McDowell that placed his work beyond the possibility of its being a chance, but fortunate, surgical exploit. Therefore in view of the foregoing we see no basis for the belief expressed by Sir Spencer Wells that "a still greater credit is due a series of eminent British surgeons," a statement unsupported by facts, and distinctly detracting from the well-earned and richly deserved honors of McDowell. In fact, the attitude of not only the eminent British, but likewise of the eminent American, French, and German surgeons has been the same towards ovariectomy—namely, to ignore it as long as possible.

What stands out in bold relief in the history of this operation is that it represents the direct and individual efforts of a country doctor, and that its primary adoption in every country was practically due to men of the same character as McDowell—namely, able, courageous, but modest and comparatively unknown members of their profession.

The three milestones in the British relationship to the first, or developmental period of ovariectomy, are: first, the hopeless pessimism of William Hunter in his paper on Emphysema in the year of 1757; second, Dr. James Johnson's unmerciful criticism of McDowell in the *Lon. Medico-Chirurgical Review* of January, 1825, and October, 1826; and third, the distrustful indifference of John Lizars, who possessed McDowell's first report for seven years without either publishing it or showing that it had made any impression whatever upon him during these seven years of possession.

Lizars may have felt a proper hesitancy in publishing a paper addressed to another during the addressee's lifetime, but John Bell died on April 15, 1820, and with his passing Lizars was no longer justified in withholding from the profession a paper so revolutionary in its character. Instead of giving it to the world, with an introductory explanation, he let it remain buried for four years longer before it saw light. But if he hesitated in its publication, there could be no other reason than that of distrust, for he was not enlightened by its lessons, although his access thereto was a perfectly proper one.

John Lizars was also a pupil of John Bell. Among Lizars' pupils we find Dr. Charles Clay of Manchester, whose first operation on September 12, 1842, marked the beginning of the British activities that played such an important rôle in the second, or the period of adoption, and in the third, or the period of perfection of ovariectomy. Lizars was born in 1783, received his license to practice in 1808, and began to teach anatomy in a private school in 1815.

In 1831 he became Professor of Surgery in the Royal College of Surgeons. He was the first in Scotland to ligate the innominate artery, and became known through

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his operation for neuralgia of the inferior maxillary nerve, and his surgery of the upper and lower jaw.

His contributions to the literature upon ovariectomy consisted of his two papers in the *Edinburgh Medical and Surgical Journal* in the year 1824-25, entitled "Observations on Extirpation of Ovaria with Cases, and Observations on Extirpation of Diseased Ovaria, illustrated by plates." Among his published works are "A system of Anatomical Plates, accompanied with Description and Physiological, Pathological and Surgical Observations," in 1822, and a "System of Practical Surgery, illustrated," in 1838. In 1839 he ceased teaching and devoted himself to private practice. He was a skilled anatomist and a brilliant operator. He died June 20, 1860.

Although twenty years elapsed after Lizars' cases, published in 1825, before ovariectomy was again repeated in Scotland, it was attempted in London for the first time by Dr. A. B. Granville, in 1826. Granville's name was Augustus Bozzi; he was an Italian physician, living in London as Dr. A. B. Granville. (*Ridenbaugh.*) Granville operated twice. His first operation was performed on July 1, 1826, but owing to adhesions it was abandoned, the patient recovering. He operated the second time, March 21, 1827. In this case the tumor, which is said to have been a fibroid of the uterus weighing eight pounds, was removed. This patient died seventy-two hours after the operation.

Following these two cases there was a lapse in England until 1834, when Mr. R. C. King, of Saxmundham, Suffolk, did his successful but incomplete operations that were no more than explorations. In the first case the operation was abandoned at the request of the patient. The case was probably that of a malignancy, the patient dying a few months thereafter. In the second, which was performed in March, 1834, they failed to find the tumor.

This case also recovered from the exploration. In his second case Mr. William Jeaffreson, acting as consultant, advised the operation, and was present at its performance. A movable tumor, oval in form, about four or five inches in length, and occupying the right side was made out. At the operation no tumor was found, but the right kidney could be "handled and held up two inches." The wound was closed, the patient making a speedy recovery. In a further report two or three years later she was enjoying better health, although the tumor had increased to one-fourth or one-third its former size. This he was inclined to attribute to the relaxation of the wall, due to imperfect union. The incision was in the right semilunar line, and most likely the relaxation he refers to represented a hernia. He intimates that he neglected to elevate the pelvis, and thus it may have been that he overlooked the tumor, which may have "slipped into a concealed location in the pelvis."

As Granville's first case was an incomplete operation, and his second a fibroid tumor of the uterus, the credit of being the first to have successfully performed an ovariectomy in England is due Mr. William Jeaffreson, of Framlingham. This operation was performed May 8, 1836. He was assisted in this by Mr. King; in short, they seemed to have been co-workers, in a way, so far as their ovarian cases were concerned.

He spoke of having encountered about twenty cases of dropsical ovaria during an experience extending over thirty years. In one of these, occurring but a short time before his operation, the patient, whose ovarian tumor was complicated with pregnancy, died a few days after delivery. In the autopsy upon this case Mr. Jeaffreson studied the conditions as they exist in such cases, and rehearsed the steps to be followed, thus preparing himself for the operation.

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When the occasion arose, he translated his observations, made at the autopsy, to the operating table; this proved to be the first successful ovariectomy in England. The steps he determined upon at the autopsy, and which he followed in his operation, were a short incision of about one inch midway between the umbilicus and pubes, exposure and puncture of cysts followed by the puncture of any additional cysts that presented themselves, delivery of the sac, ligation of the pedicle with the ligature cut short and the closure of the wound.

The after-treatment was to consist of large doses of "opium with foxglove" and "napkins rung out of the coldest spring water constantly applied over the whole of the abdomen."

In applying this treatment in another case of Mr. King's, in which Mr. Jeaffreson was also associated, they gave the patient immediately after the operation two drams of tincture of foxglove, and one of laudanum, and locally applied cloths wrung out of ice water, frequently renewed, to the entire abdomen. This case also recovered.

They realized in this case that the short incision was not only inadequate, but dangerous, since the ligature applied *en masse* slipped, and the sac could not be delivered until they had enlarged the incision. They both had decided confidence in the use of cold, and of large doses of foxglove in "arresting the march of the destroying power of inflammatory disease, acute or chronic."

Following Messrs. Jeaffreson and King came Mr. W. J. West, of Tunbridge Wells, with a successful case. In the publication of his report Mr. Wells refers to the work of Jeaffreson and King, and to the objections made by the London University Medical Society to Jeaffreson's report. These were: "first, inapplicability of the procedure when adhesions had formed; second, the danger of peritonitis;

third, when the cysts are numerous; and fourth, the disease being complicated with other tumors."

This is but an additional instance, illustrating the progressiveness of the provincial English surgeons in contrast to the discouraging conservatism of the metropolitan English surgeons. It supports our views, contrary to the claims of others, that the English are entitled to little if any credit for the development of ovariectomy in its first period.

Mr. West performed three other operations. One of these was completed and successful; the other two were successful but incomplete. Owing to the adhesions the tumor was not removed.

About this time Mr. John Gorham, of Tunbridge, Kent, published a paper in *The Lancet*, 1839-40, vol. i, entitled, "Observations on the Propriety of Extirpating the Cyst in Some Cases of Ovarian Dropsy," in which he reported Mr. West's additional cases as well as those of Hargraves, Jeaffreson, Nathan Smith, and the one performed in Guy's Hospital. In this paper he commented upon the prior proposal of William Hunter, in connection with the short incision.

This reference brought forth a protest from Mr. Jeaffreson in a letter to the editor of *The Lancet*, Nov. 2, 1839, in which he said:

I beg to say that I was perfectly sincere in claiming the more simple mode of operating in these cases as a suggestion of my own mind, never having seen or heard of Doctor Hunter's paper on the subject. Indeed, I think that it is the deference which has been paid to the gigantic authority of John Hunter, more particularly to his theory of Continuous Sympathy, which has kept abdominal surgery in comparative abeyance.

From more angles than one the above quotation is interesting. Owing to the importance which has been

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credited to the influence of the Hunters in the development of ovariectomy, its greatest interest, coming as it does from an Englishman, lies in its tendency to corroborate the expressed opinion of the error of Sir Spencer Wells' views.

The literature of this period abounds in the expressions, the "short incision" and the "long incision," which in England were also referred to as the minor and the major operations. It was but one of the many doubtful details that were debated for years, after the time of McDowell.

If Mr. Jeaffreson was the first to operate successfully in England, in May, 1836, Mr. D. H. Walne was the first to operate successfully in *London*, on November 6, 1842. He was not the first to operate, as both A. B. Granville, in 1826, and Benjamin Philips, in September, 1840, preceded him, but he was the first to perform an ovariectomy successfully.

Mr. Walne's operation, it seems, was not performed in a *London Hospital*; a successful ovariectomy in a *London Hospital* did not occur until September 22, 1846, or more than a third of a century after McDowell's first operation. The operator was Mr. Caesar Hawkins.

With this brief recital of the essential features of the first period, we come to the second, or the period which marked the real adoption of the operation. This was coeval with the introduction of anæsthesia, on which its brilliant success was mainly dependent. It was in this, and in the third period, that the British bore the leading rôle and excelled all other countries.

More intimately identified with its beginning than any other operator in England was Dr. Charles Clay, of Manchester. He began his career in ovarian surgery on September 12, 1842. He saved three out of the first four cases he operated upon in that year. This was considered remarkable, although it occurred a third of a century after

the first operation of McDowell, who a third of a century before Clay saved four out of his first five.

By March, 1863, he had performed one hundred and eight operations with seventy successes. Doctor Clay was a pupil of John Lizars, and a close friend of Sir James Y. Simpson. It was Simpson who suggested to Clay the term ovariectomy, and who in 1846, according to Tait, eloquently defended ovariectomy. How paradoxical it seems to speak of the "merit due eminent British Surgeons," on the one hand, and on the other to emphasize the defense of the procedure, which seemed necessary in England nearly four decades thereafter.

Before the adoption of the term ovariectomy, all abdominal operations, such as they were, passed under the generic title of gastrotomy. The change of term was suggested in 1844.

Peaslee, in referring to the term ovariectomy, speaks of it as "a barbarous compound of Latin and Greek, which, besides, does not express the meaning intended. It means 'cutting an ovary,' or Latin ovario-section; while the term used should signify 'cutting out an ovary,' or Latin ovario-exsection. From all analogy, the terms should be derived from the Greek, which gives oöphorotomy, ovary and to cut, and oöphorectomy, to cut out the ovary. Similar terms are already found in our science, as, iridec-tomy, clitoridectomy, etc." Although some of the earlier controversies upon the priority of ovariectomy, notably that pertaining to Houstoun's case, resolved themselves into nothing more than quibbles over the meaning of this word, inaccurate as it is, it will probably survive as a vulgarism in the scientific vernacular, based upon usage, which is usually a lasting endorsement.

After Dr. Clay came Sir Spencer Wells, with his exceptionally brilliant record.

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Although isolated instances were recorded before the advent of ovariectomy of the invasion of the abdominal cavity, the occurrences were so rare that the impression came into existence, about the time of McDowell, that an invasion of the abdominal cavity meant an ovariectomy or an intended ovariectomy. This was due to the fact that ovariectomy was the only intra-abdominal operation that was accorded any degree of recognition. The mere invasion of the abdominal cavity was so exceptional in that period that we meet in the earlier literature with such expressions as the "first operation" or the "third operation," as the case may be, which meant the first gastrotomy, or as we would say to-day, the first laparotomy or abdominal section.

This so-called "first gastrotomy," as it is recorded in the early literature, may mean simply an exploration without any attempted interference; or any exploration with attempted interference that for some reason was abandoned before the intended step was accomplished, thus making what has been called an "incomplete operation"; or, lastly, the object was accomplished and the case classed as a completed operation. It is, therefore, essential, in order to avoid being misled, to consider carefully the early reports in order that the proper distinction be maintained.

If in the present day we are at times in doubt, and therefore explore, or if we feel certain, and find ourselves mistaken, it is needless to add that the same occurred in those early times; and a study of the incomplete operations of that period reveals a number of cases that were malignant and would have been as inoperable to-day as they were then. Many others were abandoned because of adhesions that would have been surmounted in the surgery of the present day. In overcoming adhesions the

earlier operators were at a distinct disadvantage, without the aid of a general anæsthetic. We know that the handling of abdominal or pelvic viscera is practically without pain until we begin to interfere with the parietal peritoneum. Therefore at that time, no doubt, some of the incomplete operations would have been completed operations if the operator could have availed himself of the benefits of a general anæsthesia. In short, an extended adoption of ovariectomy was simply impossible without the assistance of anæsthesia.

To the immediate followers of McDowell, we owe a distinct debt of gratitude, second only to McDowell himself. To the bravery and persistence of these men who kept the light burning, and who advanced the colors in the struggle for the establishment of the operation, too much homage cannot be paid. We have endeavored to point out the stubbornness and bitterness with which the operation was assailed, and the abuse to which its defenders were subjected, but we are entirely conscious of the inadequacy of our efforts. This rancorous struggle continued well into the second period, even after the operation had lost much of its terror, through the beneficent influence of anæsthesia.

The brunt of this struggle, like the honor of its inception, fell upon America, and the names that shine with a special splendor are those of Nathan Smith, Alban G. Smith, known as Alban Goldsmith, David Rogers, J. Bellinger, J. A. Gallup, R. D. Mussey, Doctor Trowbridge, the Atlees, J. L. and W. L. Kimball, Dunlap, and others.

It would be an injustice to the other side of the Atlantic to ignore that German successor of McDowell in the little Würtemberg town of Isny, who in 1819, two years after McDowell's publication, performed an ovariectomy; and, although the patient died, his confidence and his courage

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remained unimpaired, for he twice repeated the performance the next year, with one success. Whether he had seen McDowell's report or not, his efforts are well worthy of a monument by his countrymen, and with credit he can take his place, as the second ovariologist, on the right hand of the immortal McDowell.

Lastly, in reverence, we salute the capable, courageous, but obscure practitioners of every country who with commendable clearness of idea and firmness of purpose adopted the procedure, while their more pretentious colleagues either assumed an attitude of silent distrust, or in frenzied discussions prophesied disaster with the implied admonition that always marks human progress, "not to disturb the existing order."

With the second period of the operation, which began in the early 'forties and which extended well into the 'seventies, a space of at least a third of a century, the operators increased in number and their results correspondingly improved. With this steady increase in the number of operators, and this steady improvement in the results, the opposition uniformly diminished, until by the early 'seventies it had faded away.

During this period many ideas were advanced, tried, and accepted or rejected. Prominent among these were the length of the incision. Some favored a short incision of an inch or two, and others a long incision that freely exposed the pathology involved. Whether the ligature should be left long and brought out of the lower angle of the wound, or cut short and dropped; the treatment of the pedicle, and the adoption and method of drainage—these and other but lesser details were tried out and settled during this period. But, after all this experimental phase had run its course, they returned to the basic principles as practiced by McDowell himself. To-day the

operation is as he gave it to us, with nothing added but the refinements incident to modern surgery.

With the dread and mystery removed, to-day we make an incision as large as is necessary, but no larger; we ligate our pedicle and leave it to nature; we drain when necessary, but not otherwise. There is no longer a machine-like exactness to the operation as practiced by this or that operator; each case, so far as such details are concerned, is a law unto itself, and every operator uses his own judgment.

As the second period was dependent upon the introduction of anæsthesia by the Americans, so was the third period dependent upon an understanding of the principles underlying infection through the labors of Sir Joseph Lister. With Lister's teaching, which began in 1867-68, but was some years in bearing fruit, the operation of ovariectomy received its final impulse. The operators increased in number, and were disseminated over wider parts of the world. Modern surgery, with its almost countless safeguards, in time became developed in every detail. With these advances, the operation ceased to be the exclusive privilege of the few. It was adopted by the many, until it is now practiced, and with a reasonable degree of safety, in every civilized community, large and small, throughout the world.

None of us, however, unless previously prepared through an investigation of the subject, can realize the painful slowness that marked the adoption of this operation. From McDowell's simple but effective and successful ovariectomy, to the present complicated status of abdominal surgery, that fairly beggars description, is a long, painful, and laborious journey. But of all the advancements, discoveries, and benefits that have come within human observation, scarcely any have equalled,

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and none has excelled the importance of the direct and indirect results of ovariectomy.

We now realize that this was due to the fact that it was more than the introduction of a new operation. It meant a revolution in surgical thought and practice, from which the present and highly developed status of abdominal surgery gradually evolved. Unless we keep this idea clearly before us, we shall lose the real import of the life and work of Ephraim McDowell.

Those of us, who are accustomed to seeing an operation proposed, and accepted, or rejected within a year or two, can hardly realize that the first ovariectomy in France was not performed until 1844, and that it was 1861, or more than a half century after McDowell's first venture before a favorable word was said for it by a French professor in a French University. And as between France and Great Britain, the difference was not as great as many of us believe. Scotland led with Lizars' work in 1823, which, however, was not an ovariectomy. In 1825 he succeeded, but after that no further effort was made for twenty years.

In England, A. B. Granville tried his luck in 1826 and 1827, but the results were not encouraging. Then Jeaffreson, a provincial English surgeon, came forward with the first successful ovariectomy in England in 1836. But the first success in London did not occur until Walne's case in 1840; and it was fully 1846 before a London Hospital proper could boast of a successful ovariectomy. It was over a third of a century before one of the hospitals in the first metropolis of the world succeeded in doing what an American frontiersman, practicing without a diploma, had several times successfully carried out.

CHAPTER X

THE PERSONAL SIDE OF DR. EPHRAIM McDOWELL

WITH this brief résumé of the development and progress of ovariectomy, we pass to the more personal consideration of this pioneer master in abdominal surgery. With the appearance of his first report came his earliest public recognition. In 1817, the Medical Society of Philadelphia, one of the most distinguished in this country, publicly recognized McDowell's ability, and in 1825 he received an honorary degree from the University of Maryland. There is hardly any room for doubting that this was the first degree that was conferred upon him. Lunsford P. Yandell, Sr., suggests that this came through Dr. John Beale Davidge, one of the founders of the University of Maryland. Davidge was a friend and a contemporary of McDowell at the University of Edinburgh. Yandell's explanation is most likely the correct one.

Up to that time McDowell had been practicing his profession without any proof of his fitness, save that supplied through the services which he so conscientiously rendered.

His childhood days were spent in the vicinity of Fairfield, about thirteen miles northeast of Lexington, Virginia. This was on the extreme edge of Western civilization, and not far from where his grandfather fell while defending his grant against the Indians, a little more than a quarter of a century before. It was as fertile and picturesque a region as one could ordinarily find, and, had it not been for the Indian troubles that marked its past, and the still greater troubles of the impending revolution that threatened its future, it would have been restful and peaceful.

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While McDowell was still in his infancy, the prelude to the struggle that was destined so vitally to influence the powers of the universe and the fate of humanity was already in progress.

In 1774 a conflict was waged on the Western border between the Indians and the Virginians. According to many, this was nothing more than an attempt to involve the Virginians in a struggle with the Indians, and thus divert them from the impending Revolutionary War. This was known as Dunmore's War, after Lord Dunmore, the last of Virginia's colonial governors. Indeed, momentous events were brewing. In 1776, or about five years after McDowell's birth, the Declaration of Independence was promulgated and the colonies declared themselves free and independent states. Although his childhood was spent in what ordinarily was a quiet Virginia hamlet, it is obvious, in view of the stirring events, that his environment was not so peaceful and free from tension as such villages ordinarily are. He began his life in an atmosphere of strife, courageous independence, and self-reliance, and doubtless early acquired a full share of those sterling qualities that stood him in such good stead in the historic rôle he was destined to enact. McDowell has so often been referred to as "a frontiersman," "a backwoodsman," and the like, that most of us at least have unconsciously formed ideas of his handicaps, his hardships and lack of opportunity, which are altogether erroneous and misleading. If it is true that he was denied the advantages that a large city and more modern times offer, it is equally true that he was also spared the disadvantages that are inseparable from a large city, and that are the unavoidable attendants of more modern times.

Instead of handicaps, hardships, and lack of oppor-

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tunity, which in a manner did exist, in reality, if properly considered, the opposite more accurately represents his status.

From his birth to his death he belonged to the aristocracy of his time and place. By aristocracy we mean more than that which the term usually implies. It was not an aristocracy of wealth and leisure, it was more, it represented the foremost citizens in a new and aggressive country. Pretentiousness was notably absent, and in its place were the simplicity, independence, and self-reliance of the truly vigorous frontier people.

Schools in the present acceptance of the term were nonexistent during his childhood, but a substitute that was even better did exist. In the absence of organized schools, the education of youth, when it occurred, became under the existing arrangement more personal and painstaking than that which commonly occurs in organized schools. The inhabitants fell into two classes, the aristocracy, and the poor whites; the negroes were slaves. During the boyhood of McDowell's father, Archibald Alexander, his kinsman, who had been liberally educated in the old country, took charge of his education and that of the youth of that time and place. Most likely a somewhat similar arrangement existed during the early years of his son Ephraim's life, through which his primary education was acquired.

That such an arrangement, involving as it did a personal interest in the pupil and the molding of his character, in addition to the mere imparting of knowledge, was superior to an organized school, open to all, is self-evident. At any rate, there are no grounds for the belief that his education at any stage was in the least neglected, although it was different from the conventional ideas of the present time.

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In 1783, on the eve of his thirteenth year, he was taken to his future home in Danville. With the exception of a few short intervals, it was here that he spent his life, and it was here that he performed those deeds that were destined to endow him with an undying fame.

If the environment of his childhood, from which he had just taken his departure, was full of tension as the result of the events that were then transpiring, that of his boyhood and future manhood to which he was removed was even more so. The reconstruction days, with their attending restlessness, following the Revolution were at hand. To the problems incident to these were added the unsettled strife with the Indians, the tangled state of the land claims, with their attendant disputes and bitterness, and lastly the intrigues, referred to in a former chapter, upon which the stability of the newly formed United States was more dependent than most of us at the present time have the faintest idea of. That the training which such an environment afforded was in itself a liberal education and of the greatest advantage is undeniable; and that its influence eminently fitted McDowell later in life to follow his convictions wherever they led is equally plain.

In addition, we find references to private schools in his adopted state, and an academy at Lexington, Virginia, which he may have attended, and which may have served to supply an ample educational foundation for the career he elected to follow. His medical training, although incomplete if judged by the standards of to-day, was in fact comparable to the best of his time, even though he did round out his career without a diploma.

He began under the tutelage of Dr. Alexander Humphreys, who was a graduate of the University of Edin-

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burgh, and the most respected and the ablest of the practitioners of Staunton. From Staunton he went to the University of Edinburgh, and while there he was not content with what the University offered, so he entered the private class of John Bell, who taught outside of the University. That this training did not touch an unresponsive chord is evidenced by the high standards that prevailed throughout his professional life. The emphasis that both his preceptor and his tutor, John Bell, placed upon systematic dissecting was not lost; and the difficulties under which he practiced these teachings accentuate more than anything else the ideals that governed his professional career.

Today we all would do better work and advance faster if we gave the same attention to dissections that McDowell is said to have given in his day. In that respect we have fallen behind, although the opportunities for practicing these anatomical studies are much better to-day than they were during his time.

His attendance at the University of Edinburgh not only added the advantages which one of the first Universities of the world easily supplied, but his sojourn in Scotland could hardly fail in broadening his outlook on life, and in giving him a more accurate perspective of America, the country in which he was to spend the remainder of his days. Favored with such distinct advantages, and located as he was on the frontier of civilization, virtually without competition, strengthened through the influence of his family, it was not long before he acquired an extensive practice covering a territory extending miles beyond his immediate village.

We have referred in detail to the deep interest and sympathetic kindness that characterized his services to his patients, his preference for operating on Sunday, and

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the careful rehearsal of his rôle and those of his assistants in the performance of any prospective operation. His surgery was all performed before the era of anæsthesia, and many of his operations occurred miles from his base, and amid many and varied difficulties.

It was, indeed, a great training, and at the same time a severe test of his resourcefulness, but he was equal to the occasion, and, when the event arose upon which his fame depended, he was ready. With the calmness, firmness and precision that marked his operations in general, he proceeded with "the experiment," as he expressed it, that in time meant so much to humanity, and that revolutionized the practice of surgery. Notwithstanding his enumerated educational advantages, he was not what we would today call a highly educated or scholarly man, and through his aversion to writing and the absence of notes, he not only stood in his own light, but we all have lost some of the best and most interesting features of his unique professional career.

In his relations to his immediate professional associates he was modest and generous to a fault. In fact his modesty and generosity were more responsible than anything else for the attempt to deprive him of his glory. Because he generously and graciously permitted his nephew and partner, James McDowell, to make the incision, and thus acquire at least a share of reflected glory, the fact was seized upon by others who endeavored to make it appear that this beneficiary was the real hero, and the only one who was entitled to any credit.

The treatment he accorded his colleagues, however, was quite unlike that which he received from them. Those unfortunate qualities which seem inseparable from human nature, yet which are so discreditable to it, he was made to feel throughout his professional career.

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Some of his competitors, in effect, craftily spread the impression that when it came to surgery he could be relied upon, but that "he was not much in fevers." The animus of this we can only appreciate if we remember the comparative relationship that then existed between surgery and internal medicine. That he distinctly favored surgery has always been undeniable, but that this predilection should have detracted from his ability to treat fevers as they were treated in his time is so ridiculous that it deserves to be mentioned only in order to add some of the local color of his time. It was the same story then as it is today, and always to the discredit of the profession—not that there is any especial element of meanness in our profession; it is due rather to the nature of our work, which, unfortunately, does not tend to as broad a mental horizon or to as liberal an interpretation of life as we should like to see.

This treatment did not stop here, but grew to such proportions as to become a distinct calumny, involving his family as well as himself. The fighting of a revolutionary war, the conflicts with the Indians, and, lastly, the wrangles over land claims developed some savage tendencies that were not always kept in proper restraint. The slanderous references were the basis of a paper by Dr. J. P. McChesney, and were also favored with a notice by McDowell's granddaughter, Mary Young Ridenbaugh. Fortunately this libellous element represented the exception, and it only shows that, however respected he was, and however influential his family was, he did not escape the petty thrusts so common to humanity.

McDowell was never associated with a medical college. From the standpoint of the institution it was a great mistake for the Transylvania University to have overlooked McDowell as a possible member of its faculty.

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The reason for this has never been satisfactorily cleared up. It may have been due to McDowell's indifference to any step or practice that brought him prominently before the public or before his profession. Likewise he has been credited with possessing an undue amount of diffidence, which also may be the explanation. The fact that he was an exception to his companions at Edinburgh in not associating himself with others in the founding of a medical school somewhat supports this view. Hosack, Davidge and Brown seem to have determined upon this step during their University days; at least on their return they were quickly absorbed in the organization of a medical college.

But this neglect may also have been part of the tendency that was in existence at that time to underrate the man and his ability. So far as he was concerned, he thought enough of this celebrated institution to address a printed card to the "Physicians and Surgeons of the West, and particularly to the Medical Faculty and Class at Lexington," when his claims to the first ovariectomy were challenged.

That modesty and a retiring disposition were characteristics of McDowell there is no doubt. Many writers have carried this idea so far as to insist that had it not been for his friends and relatives, notably Dr. Samuel Brown, his college companion, and Dr. William A. McDowell, his nephew, he might never have published the reports of his ovarian surgery. With this view we have no sympathy whatever. Probably to those of his friends who, had they been in his position, would have rushed into print immediately after the fate of the first ovariectomy was assured, this seeming indifference was strangely incomprehensible.

Various pleas are said to have been presented in urging

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him to publish his cases, such as that "he owed it to his teacher, John Bell," or "he owed it to himself"; and according to Gross, his classmate Samuel Brown asked that he and his friends be permitted to draw up an account of his cases of ovariectomy in Latin, in order that it might be sent to Edinburgh to secure a degree.

All of this most likely occurred; but even so, it is impossible to believe that McDowell, after hearing what he must have heard while at Edinburgh—for, as we have before mentioned, even by that time, which was at least fourteen years before the first ovariectomy, the subject was thoroughly ripe, and all that was lacking was the man and the hour—in the face of all this, was not aware of the importance of his deed. In fact, to take any other view would be discreditable to McDowell, and a reflection upon his intelligence but neither he nor anyone else at that time could have had the remotest conception of the direct and indirect significance of this step. It seems impossible, we repeat, for anyone to believe for a moment that he failed to appreciate the importance of the experiment, as he called it, and when it proved successful, that he did not, in part at least, realize its significance, even though the idea of its becoming the basis of the future sphere of abdominal surgery was then not even dreamt of. Furthermore, what is of still greater significance is that, when he did act, he did not send the report to John Bell *alone*, as it was suggested, but he sent one copy to John Bell and another to Philip Syng Physick, with the idea of having the report appear as nearly simultaneously as possible on this and the other side of the Atlantic.

It is useless to say that one who was careful enough to take such precautions could be indifferent to the full importance of the work which the report represented.

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After all, since ovariectomy at that time could not have been considered in any other light than that of an experiment, since it was specifically referred to by him as an experiment, and since he with characteristic reserve referred to his results as due mainly to his good fortune, would it not be more reasonable to assume that he displayed not indifference but good judgment in waiting, and repeating the experiment until it ceased to be an experiment, and became a proven fact?

This would seem to be a more logical view to take, and it would not be incompatible with the degree of intelligence to which McDowell is distinctly entitled. What delay there was in the publication that could not be explained upon this basis is readily understood, if we bear in mind that events did not move as rapidly then as they do today, and that the nature of his practice, in the absence of modern conveniences, so consumed his time as to leave but little opportunity for literary work, even if he were so inclined.

That the appearance of his report on the other side of the Atlantic was seven years behind its publication on this side was not, however, due to any lack of effort upon the part of McDowell himself, but can be wholly credited to lack of confidence on the part of Lizars.

McDowell is described as nearly six feet in height, erect, and inclined to corpulency, with a florid complexion and lustrous black eyes. The eyes were so piercingly black as to have received a special mention upon various occasions. Even in this day those who are acquainted with some of his kinsmen and descendants can hardly fail to be impressed with this family feature, so strikingly met with in the typical McDowell physiognomy. Throughout his life he was noted for his strength and agility, and up to the time of his last illness he was in a well preserved

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state of health. He was quite entertaining, and possessed a ready wit and keen sense of humor. In an unpretentious way he was fond of music. He would sing English and Scotch songs with comic effect, accompanying himself upon his violin, upon which he performed with ordinary ability. With the modesty and simplicity of a great man, he mingled with absolute freedom with all classes of his townspeople.

In a private letter a well-known physician, whose uncle lived in Danville, and, at the time of McDowell, was nine years of age, said that McDowell was referred to by this uncle as "a silent, phlegmatic man, and the common opinion was that he was vastly overrated." The letter further stated that a contemporary and competitor said of him that "he went to Edinburgh a gosling, and that Edinburgh made a goose of him."

He is said not to have used tobacco in any form, and to have been temperate in his habits. Occasionally he would take a "nip" of whiskey or cherry bounce, the latter being his favorite. Cherry bounce was an old-fashioned beverage, that consisted of whiskey in which cherries had been macerated, and to which sugar and spices were sometimes added. It is reported that in his dress he was neat, and invariably preferred black. Some have referred to him as wearing a silk stock and ruffled linen, but if he did, we think it was on state occasions, for his mode of living was "plain and unostentatious," in keeping with the frontier.

His foreign training and Scotch origin explained his preference for Cullen and Sydenham in medicine, and Burns and Scott in literature.

He was no writer; his only contributions to medical literature are the two reports in the *Eclectic Repertory* and *Analytical Review* upon his ovarian operations. His

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library, considering his time and place, was a credit to him, and in matters of education he was found doing his full duty. His support of and connection with Centre College amply sustain this view, as well as emphasizing his public-spiritedness in general.

As was common in those times and in that region, every well-to-do family possessed a farm, and McDowell was no exception to this rule. This was managed through an overseer, and the breeding of fine horses and swine became with him a special feature. The former of these represented a characteristic that no genuine Kentuckian, especially of the earlier type, could be expected to resist. In a small way, and for his immediate needs, he kept a few slaves, as was then customary.

McDowell was not a rich man, but he safely came within that class referred to in common parlance as "well-to-do." His estate is supposed to have been worth somewhere between forty and fifty thousand dollars. While he lived plainly, he did not deny himself or his family any of the comforts of life which that simple period afforded. Considering his well-known generosity to his patients, his philanthropic attitude towards his town, and the cheapness of commodities in relation to the value of money at the time, it is evident that he had a prosperous career. He did his full share of charity, but his fees were the best. In the noted Overton case, which was one of his ovariectomies, he stipulated a fee of five hundred dollars, but, it is said, received fifteen hundred dollars, which sum the husband insisted more nearly represented the value of his services.

He remained with this case for several days after the operation. Gross refers to this as "the largest fee ever paid in this country for a surgical operation." Considering all circumstances on both sides, Gross regards the

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Overton fee as equal to the celebrated fee of a thousand guineas, paid by Mr. Hyatt, a West Indian merchant, for an operation performed upon him by Sir Astley Cooper.

The religious atmosphere of McDowell's early life was Presbyterian, a faith for which the Scotch-Irish settlers of that part of Virginia were noted. When the frontier was moved over the Western slope of the Alleghanies, the religious ardor, from all accounts, did not improve with the removal. It was not until 1828, or about two years before his death, that he joined the Episcopal Church, the faith of his wife. He became a member of the church at Lexington, presumably because there was no Episcopal church in Danville, for on his return from Lexington he donated a lot upon which the Trinity Church of Danville was erected.

In 1802, in the thirty-first year of his age, he married Miss Sarah Hart Shelby, the daughter of Isaac Shelby, Kentucky's first Governor. At the time of her marriage Miss Shelby was in her eighteenth year. She has been spoken of as "graceful and of commanding height," and possessed of great personal beauty, and charming manners. The marriage occurred at Travelers' Rest, the home of Governor Shelby, which Collins claims was the first stone house built in Kentucky.

Between the Shelbys and the McDowells an intimate friendship existed, extending over many years. McDowell's father was a comrade-in-arms with Isaac Shelby, both having served in Dunmore's War and the Revolutionary War. In the former, at the battle of Point Pleasant, he acted as aide-de-camp to Shelby.

Six children were born to this union, two sons and four daughters. Of the children, Shelby, the youngest, died in childhood of suffocation, the result, it is said, of inhaling a wheat-spear. This occurred during the absence of Doctor McDowell.



Traveler's Rest: The home of Governor Isaac Shelby, where McDowell's wedding was solemnized. Erected in 1786. Copied from a photograph loaned by Mr. Isaac Shelby Tevis.

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The second son was named after Judge Caleb Wallace. Wallace McDowell married Miss Mary Hall, of Shelby County, Kentucky. After a residence of several years on a farm in Boyle County, he removed to Missouri, where he died.

Susan McDowell, the eldest daughter, married Col. David C. Irvine, of Madison County, Kentucky.

Mary McDowell, the second daughter, married her cousin once removed, George Young, a farmer of Shelby County.

Adaline McDowell, the third daughter, married Judge James Deaderick, of Tennessee.

Catherine, the last and youngest of the surviving children, married Col. A. A. Anderson.

Mrs. McDowell survived her husband by ten years, dying at the home of her daughter, Mrs. A. A. Anderson.

Towards the close of his career McDowell conceived the idea of a country home, to which he would at times retire. The records are not clear, and the testimony is conflicting, as to how long before his death he busied himself upon this project. According to Gross, he began the building of this country home a few months before his final illness, but did not live to occupy it, or even to see it completed. Ridenbaugh's version is:

Several years previous to his death Doctor McDowell purchased a highly improved tract of land, with a modern built, commodious dwelling upon it, situated about three miles from Danville. Here he removed with his family with a view to spending the remainder of his life in quiet, yet with no intention of giving up his lucrative practice, which had grown to be very extensive.

Other evidence seems to harmonize with the latter view, which is very likely the correct version, as to the location of his residence during the last years of his life.

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This country home was called Cambuskenneth, after the Abbey of Cambuskenneth, near Stirling. The selection of this name for his country home was but an echo of those summer rambles which he made during the vacation months while in Scotland, and that remained dear to his imagination.

Stirling is about thirty-five miles northwest of Edinburgh, amid the most picturesque and historic region of Scotland, just near enough and attractive enough to make a pedestrian tour from Edinburgh during the vacation an irresistible treat. In the immediate vicinity are the beautiful and historic ruins of Cambuskenneth Abbey, founded by David the First, in 1147. It was the wealthiest Augustine monastery in Scotland, and became the burial-place of James the Third, and his queen, Margaret of Denmark. Within the sight of these ruins is Stirling castle, where so much Scotch history was made, the birth-place of James the Second, and of James the Fifth, and the place where James the Second, in the year 1452, stabbed the rebellious Earl of Douglas. It is only natural that these events, recited no doubt during McDowell's visit, should have made a lasting impression upon his memory.

He could scarcely have given his country home a more distinguished name, and the selection clearly reveals his fondness for all things Scotch, and the memories that remained the tenderest in his affections.

The house now occupying the site of Cambuskenneth is not the original McDowell home. In the summer of 1912, while investigating Danville and those parts of the vicinity that are intimately associated with McDowell's activities, we were informed of this fact by the late Mr. M. H. Cecil, who then resided in the building that replaced the original McDowell structure. Mr. Cecil informed us that



Cambuskenneth. The country home of McDowell

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the original McDowell structure had a defective foundation, and for that reason it did not last as long as it was expected to. The out-houses and other features within the grounds of Cambuskenneth remained unchanged. The accompanying plate is a copy from a photograph of the original McDowell house.

Throughout his life McDowell was noted for his vigor and power of endurance, together with a comparative freedom from illness. This continued until a fortnight before his death, when he was rather suddenly seized with an acute attack of illness that, so far as we have been able to gather, was marked with severe abdominal pain and nausea at the outset, and then the presence of fever. It was variously referred to as "inflammatory fever," and as "an acute attack of inflammation of the stomach." It continued for two weeks, at the end of which he expired. We have made a diligent but fruitless search for the names of his medical attendants and some of the details of his last illness.

Taking everything into consideration, especially the meager clinical history of his final illness, we are tempted to venture the suggestion that it is not unlikely that he died of an attack of acute appendicitis. Should this be correct, and it seems to be a reasonable explanation of his illness, he died of a disease that, indirectly through his ovarian surgery, and its attending lessons, has now become amenable to surgical measures, and therefore, through the indirect fruits of his labor, had he lived in the present day he might easily have been saved.

As to the exact date of his death there is some discrepancy. There are some who believe that he died on the evening of June 20th, 1830, and others who give the date of his death as the evening of June 25, 1830. Among those who have referred to June 20th as the date of his

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death are Mary Young Ridenbaugh and Mrs. William M. Irvine, his grand-daughters, Dr. John D. Jackson, Dr. Fayette Dunlap, Dr. W. L. Lowder, Dr. A. H. Barkley, Miss Mary C. Shelby, Lewis Collins, and E. Polk Johnston.

The writers who believe the date of his death to be June 25, 1830, include such names as Samuel D. Gross, E. Randolph Peaslee, *The Practitioner*, and perhaps others.

We have found but one author who has used both the dates of his birth and of his death. Dr. Lewis S. McMurtry, has given June 20, 1830, as the date of his death, in his sketches upon McDowell in the *Cyclopedia of American Medical Biography*, Howard A. Kelly, First Edition, Trans. Amer. Gynecological Society, Vol. XXXIV, 1909, Trans. South. Surg. and Gynec. Ass., Vol. VI, Historical Number Kentucky State Journal. In these publications the date of his birth is given by McMurtry as March 11, 1771, which is unusual.

In McMurtry's sketch of McDowell in the Trans. Amer. Med. Ass., 1878, Vol. XXIX, the date of his birth is given as November 11, 1771, and the date of his death as June 25, 1830.

Thus in the first four publications above mentioned, McMurtry gives the date of birth as March 11, 1771, and the date of death as June 20, 1830, which not only places him at variance with the majority, so far as the date of birth is concerned, but in contradiction of himself so far as both the dates of birth and death are concerned, since in the fifth publication just referred to, the Transactions of the Amer. Med. Ass., Vol. XXIX, he places the date of McDowell's birth as November 11, 1771, and the date of his death as June 25, 1830.

Other irregularities as to the date of his death exist that can only be explained as errors; namely, that given by Dr. J. Riddle Goffe, in his Presidential Address



The first graves of Ephraim McDowell and Mrs. McDowell. The white arrow is suspended over the partially filled excavation that marked Dr. McDowell's grave. Square monument on right marks the grave of Gov. Isaac Shelby.



Broken fragments of the stone that covered Dr. McDowell's first grave.

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before the American Gynecological Association, upon the celebration of the Centennial Anniversary of McDowell's operation, as January 25, 1830, (*Surgery, Gynecology and Obstetrics*, May, 1909). Likewise, in Mary Young Ridenbaugh's edition, published in 1890, in the frontispiece which she borrowed from E. Randolph Peaslee's work, November 17, 1771, appears in very fine print as the date of his birth, and June 25, 1830, as the date of his death, although in her text, she gives the dates which are usually credited, November 11, 1771, as that of his birth, and June 20, 1830, as that of his death.

As a discrepancy exists both as to the dates of his birth and his death, we may be permitted to add that so far as our study of the subject goes, a decided preponderance of the evidence favors November 11, 1771, as the date of his birth, and June 20, 1830, as the date of his death. We have faithfully endeavored to clarify these conflicting dates, but without avail. In the absence of official records we turned to his church, but the records of Trinity Church, Danville, extend back but to 1839, and the inscription upon the stone that covered his grave gave only his name, and thus was equally silent upon this point.

He died in the fifty-ninth year of his life, and his remains were interred in the family burial ground of the Shelbys, at Travelers' Rest, about five miles from Danville.

The remains of his wife, who survived him about ten years, were placed by his side. Here they remained within the stone walls that surround this private cemetery, and within which weeds and undergrowth thrived in riotous profusion. To reach the graves it was necessary to forge past these barriers.

His grave was left undisturbed until 1879, when his remains were removed to what is now McDowell Park, formerly the old Danville cemetery, which was donated

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by the citizens as a site for the erection of the memorial monument. This occurred through the activity of the Kentucky State Medical Society.

We were informed by Mr. Isaac Shelby Tevis, a descendant of the Shelbys, who occupied the present Travelers' Rest, the original Travelers' Rest being no longer in existence, that the McDowell grave remained open following the reinterment, as those in charge were unable to decide whether the remains of Mrs. McDowell should be removed with those of her husband. Strange to say, this remained an open question for some years, until it was finally referred to Dr. J. M. Toner, of Washington, D. C., who settled it, by directing that the remains of Mrs. McDowell be removed, and placed by the side of those of her distinguished husband, where they naturally belonged. This advice was acted upon, and husband and wife now rest side by side near the shaft in the McDowell Park in Danville.

In the accompanying illustration is shown a considerable depression that still exists. Our photographer, Mr. Hesse, very ingeniously tied his handkerchief into the shape of an arrow, which he suspended upon two sticks just over the depression.

In looking about Travelers' Rest for other relics associated with McDowell, we discovered the broken fragments of the stone that covered his first grave. In view of our efforts in behalf of the memory of his distinguished kinsman, Mr. Tevis tenderly offered us these sacred fragments, which I directed to be carefully crated and sent to Louisville. They are still in our possession, awaiting a decision as to where they should be placed in order that they may always receive the respect and reverence they deserve, and remain easily accessible to those who may be sufficiently interested therein to desire a close view.

CHAPTER XI

THE PORTRAITS OF McDOWELL—THE MOVEMENT IN HONOR OF HIS MEMORY—THE MEMORIAL MONUMENT AND DEDICATORY EXERCISES.

THERE are several portraits of McDowell in existence. The two that are best known are the Jouett and the Davenport portraits. Of these two the reproduction of the one attributed to Jouett is the likeness usually met with. We meet this in such works as those of Peaslee, Memorial Edition, Wells, Historical Number of Kentucky State Journal, Ridenbaugh; and with others we are inclined to believe that the portrait in possession of his granddaughter, Mrs. Irvine, is but a reproduction of this same painting. Tracing the history and establishing the identity of these portraits involved considerable difficulty, and even now the matter is not entirely without some suggestion of uncertainty although the investigation was most carefully made.

Two letters from McDowell's kinsman, Dr. Marshall McDowell of Cynthiana, Kentucky, upon this subject are instructive, to-wit:

March 19, 1919.

Dr. August Schachner,
Louisville, Kentucky.

Dear Doctor Schachner:

Several days ago I received your letter making inquiries concerning Dr. Ephraim McDowell. I will endeavor to answer them in the order that they occur in your letter.

First: Col. Nick McDowell, of Danville, who died several years ago, was a grandson of Doctor McDowell's brother, Col. Joseph McDowell.

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Second: As for the Bourbon Co. man who has Doctor McDowell's instruments—I believe the story was that the man lived in North Middletown. I got this story from a drug salesman who had almost passed out of my memory. I forget his name. I asked two Bourbon Co. gentlemen, Doctor Fithian and Doctor Daugherty, about this, but neither had ever heard of any such man or instruments. I concluded that there was nothing in the story.

Third: It seems there were two portraits of Doctor McDowell. One by Jouett, the other by Davenport. I had this from my grandfather, who was a nephew of Dr. McDowell. I don't know who this Davenport was, or where the picture was or is. My grandfather said that the Jouett picture was the better likeness. The Jouett portrait was carried to Missouri before the Civil War by the family of Doctor McD's daughter, Mrs. Anderson. Shortly after the war my father, who was in St. Louis, became interested in the picture. So he and his kinsman, Dr. John McDowell, of St. Louis, wrote to E. McD. Anderson, grandson of the old Doctor, for permission to have it photographed. He cut the canvas from its frame, rolled it up and mailed it to them. The photo was made, and the canvas returned. I have one of these photographs. It plainly shows cracks in the oil paint caused by the rolling process. The photo which you sent me evidently is one that I sent you and is a proof from a negative in my possession. I had my photograph photographed, but as is usual in such cases the result isn't good. Besides returning yours I am sending you a copy from the same negative retouched. I agree with you that the engraving in the memorial volume is evidently copied from this same picture. The Jouett portrait, if it is in existence, is in the possession of the family of Ephraim McD. Anderson, of Sedalia, Mo. I understand that Mrs. Elizabeth Irvine, of Richmond, Ky., a granddaughter of Doctor McDowell, had a portrait of the Doctor, but I don't know by what artist or whether it is an original or a copy.

This is a very interesting subject to me, and I am sorry I haven't any more exact information about it.

Yours sincerely,

(Signed) M. McDOWELL.

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Cynthiana, Kentucky, April 5, 1919.

Dr. August Schachner,
Louisville, Ky.

Dear Doctor Schachner:

Pursuing the subject of Dr. Ephraim McDowell's picture. The photograph I sent you is a reproduction of the Jouett portrait.

I have never known anything definite about the Davenport portrait other than the statement that there was such a picture.

If you have a copy of "Medical Pioneers of Kentucky," published by the Ky. State Med. Ass'n 1917, you will find two pictures of Dr. Ephraim McDowell. One, the frontispiece of the volume, is the Jouett picture. The other is on page 10, facing the text of the biography of Doctor McDowell and, published by permission of the American Gynæcological Soc. No artist named. These pictures are entirely different. I find it difficult to believe that they represent the same subject.

I think I shall write to Doctor McCormack, the editor of the "Pioneers," and ask for information concerning the Gynæcological Society's picture. If I learn anything definite I will write to you again.

Yours sincerely,

(Signed) M. McDOWELL.

The artist, Matthew Harris Jouett, was almost as remarkable as a painter as McDowell was as a surgeon. It has been said that he was to Kentucky what Rubens was to Flanders. He abandoned the pursuit of law and began to paint at the age of twenty-five. He died at the age of thirty-nine, after accomplishing a great amount of work of a very high character without ever leaving the shores of his own country for inspiration among the old masters. His is truly a remarkable record.

Naturally, one would expect Jouett to have painted the portrait of McDowell along with other celebrities of his time.

In the Filson Club Publication No. 17, "The Old Masters of the Blue Grass, by General Samuel W. Price," there occurs a numerical list, with titles, of Jouett's paintings. This was painstakingly prepared by Mr.

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Richard Jouett Menefee, a grandson of the painter, and one eminently fitted for the task. The only regret is that he died before the completion of the undertaking. There are twenty-five omissions of titles in this list. The catalogue, which includes a total of three hundred and thirty-four paintings, is as he left it at the time of his death, and probably is incomplete aside from the aforesaid twenty-five omissions.

Ephraim McDowell's portrait does not appear in the list, and there is nothing to indicate that it may be among the twenty-five missing titles. The catalogue includes such portraits as those of Samuel McDowell, Jr., the brother of Ephraim, and the first marshal of Kentucky, Walter Brashear, Benjamin W. Dudley, his college companion, Dr. Samuel Brown, and that of his father-in-law, Governor Isaac Shelby. Notwithstanding the foregoing, we agree with Dr. Marshall McDowell and other relatives of our hero that the evidence justifies the belief that the portrait most commonly met with is the work of Matthew Harris Jouett.

We have never come upon in any publication a print of the Davenport painting. After considerable difficulty we finally secured a photograph of this picture, which is in the possession of McDowell's granddaughter, Mrs. W. T. Chandler, of Alva, Okla. She is the daughter of William Wallace McDowell, who was the only surviving son of the first ovariologist. She was born in Danville; her father, like the family of his sister, Mrs. Anderson, also moved to Missouri.

We regret that the photograph of the Davenport painting, while sufficiently clear and sharp as to admit of a comparative examination with that of the photograph of the painting supplied by Dr. Marshall McDowell, and attributed to Jouett, and possessing distinctive differ-

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ences from it, is not of sufficient clearness to bear satisfactory reproduction. The same may be said of the Jouett photograph above referred to, supplied by Dr. Marshall McDowell. On the back of the Davenport portrait, which is said to be twenty-one by twenty-seven inches in size, we are told is printed "P. W. Davenport, painted at Danville, Ky., 1820."

As for Davenport, we have been unable to discover any reference to this artist in the Kentucky records or elsewhere. In the frontispiece of the first edition of her biography of McDowell, dated 1890, Mary Young Ridenbaugh refers to the engraving in the work of Edward R. Peaslee, which she borrowed, as an engraving "from a daguerreotype furnished by the late Mrs. McDowell." This seems erroneous if the Smithsonian Institute is correct in its claims that the daguerreotype camera was not introduced into the United States until 1839, or nine years after McDowell's death. The daguerreotype camera was in fact not on a practical working basis until some time after 1830, the year in which he passed away. In the frontispiece of her *revised* edition, published in 1897, and under the name of Mary T. Valentine she refers to this as "a portrait by Davenport in 1828, when McDowell was fifty-seven years of age." The only published reference to Davenport which we have found occurred in the above Mary T. Valentine's biography of McDowell, *revised edition, 1897*. A barren inquiry was directed to the Metropolitan Museum of Art in New York, and the Art Institute of Chicago, with the hope of securing some information upon the artist P. W. Davenport.

Another portrait of McDowell is that occurring as a frontispiece in one of the editions of the biography of McDowell by Mary T. Valentine, who is none other than Mrs. Mary Young Ridenbaugh. This occurs in the so-

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called *first* edition, which is but a supplement published in 1897 by the McDowell Publishing Company. There are three editions, and four publications, and these three editions differ from one another in unimportant minor details, so far as the life of McDowell is concerned.

These editions have led to some little confusion, and therefore it may be well to attempt their explanation. The first edition was issued by Mrs. Mary Young Ridenbaugh, and published by the Charles L. Webster Company, of New York, in 1890. This edition bears upon the title page no other mark of identification. Her second and subsequent editions upon McDowell were issued in the name of Mrs. Mary T. Valentine. The second edition was issued in 1894, and published in Philadelphia by the authoress, and is known as the *second edition revised*. As the title page indicates, it contains "Sketches of lives of eminent members of the medical profession in America, *Second edition revised*," but the sketches are limited in number.

The third edition by Mrs. Mary T. Valentine was issued in 1897, through the McDowell Publishing Company, 24-26 West 22nd Street, New York, and designated on the title page as *revised edition*.

The fourth publication by Mrs. Mary T. Valentine, which is but a supplement, was issued in 1897, through the McDowell Publishing Company, of New York, and although bearing the title of "Biography of Ephraim McDowell," and with a title page similar in a general way to that of the other publications, with the specific addendum of *First Edition*, although the last publication is no biography of McDowell whatever. This publication was issued as a supplement to the *revised edition* in 1897. It is a work of over four hundred pages, containing only portraits and sketches of prominent living surgeons of



Portrait of Ephraim McDowell, by Prof. G. Kasson Knapp. Reproduced by the kind permission of his daughter.

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that period. Apparently it is an enlargement upon the idea in the *second edition revised*.

In her reference to the portrait in the so-called *First Edition*, 1897, the supplementary volume containing sketches of living surgeons only, Mary T. Valentine says: "The above portrait is a reproduction of a medallion painting on ivory taken from life when Ephraim McDowell was twenty-nine years of age, 1800, by a distinguished artist in Edinburgh, Scotland, now in possession of Ephraim McDowell's granddaughter, Mary T. Valentine."

This is the same picture that was utilized by the American Gynecological Society in 1909 at their McDowell Centennial Anniversary Celebration, appearing as an illustration of the text descriptive of that occasion. We also encounter it in the first edition of the *Cyclopedia of American Medical Biography*, by Dr. Howard A. Kelly, and in the Historical Number of the *Kentucky Medical Journal*, November, 1917, with the addendum "By permission of the American Gynecological Society," although this society was probably not the first to bring it before the public.

It is the same reproduction referred to by Dr. Marshall McDowell, in his second letter, in which he discussed the dissimilarity between this and the usually accepted portrait, saying: "I find it difficult to believe that they represent the same subject."

The explanation of this portrait given by Mary T. Valentine can hardly be the correct one. In the first place, there is no evidence at hand justifying the belief that McDowell ever left the shores of his own country but once, and that was when he attended the University of Edinburgh in 1793 and 1794, although vague references do occur as to his having later in life gone abroad to perform a Caesarean section.

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On this occasion he was about twenty-two years of age, instead of twenty-nine, the latter figure being just nine years prior to the first ovariectomy. But what is more to the point is that irrespective of his age, while in Edinburgh, his pecuniary circumstances would hardly have permitted him to indulge in the luxury of having his portrait painted in a miniature by a distinguished artist, even if he at that time had been sufficiently self-conscious to believe the step justifiable; and McDowell, with the modesty he possessed, would have been one of the very last to be so vain as to have his portrait painted while an obscure student.

It would be absurd for anyone in McDowell's position to think of a portrait, after receiving the letter from his father from which the following extract is taken:

I would be glad to hear how you like your situation there, and how long you think it will be necessary for you to stay, for I assure you it will be very hard for me to send you a supply of money. But I will endeavor to support you if in my power, and to enable you to bring with you some books, and a quantity of medicine to serve you some time, and to set up a decent shop. But I fear I will not be able to send you money sufficient. But if you had it in your power to get credit for some of which you might think would be necessary, I will, I hope, be able in a short time after your return, to make a remittance to pay for the medicine. Is there no person trading to Scotland to whom you could apply?

Were it not that one of the objects of this study of McDowell's life is to help correct the many erroneous and sometimes ridiculous statements that have been made in the past, and that are still in a measure being perpetuated, no more than a passing notice, if any, would have been given this and other errors.

The last of the portraits that we have discovered is the one by the artist, Prof. George Kasson Knapp, which is here reproduced by the kind permission of his daughter.



Prof. George Kasson Knapp's Painting of "The First Ovariectomy" by the kind permission of his daughter.

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This same artist painted the picture well known as the "First Ovariectomy," that has appeared a number of times, and with an almost equal number of varying and misleading titles. The history of these paintings, as well as some interesting sidelights upon the artist, has been set forth in a special paper upon the subject by the late Dr. Ely Van de Warker, of Syracuse, New York, and published in the *Obstetric Gazette*, Cincinnati, Ohio, Vol. I, 1879.

For some reason Professor Knapp became deeply interested in McDowell and his achievements. He studied the man and his work from every viewpoint, and utilized every source of information, with the result that he concluded to paint a portrait of the surgeon, and a picture depicting the crowning effort of his life. This he did as his imagination, based upon his study, suggested to him McDowell's probable appearance, and how the operation was probably carried out. This picture was exhibited at one of the annual meetings of the American Medical Association, held many years ago, we believe, near his home city, in Buffalo.

During McDowell's life his labors twice received public recognition; in 1817, through the Medical Society of Philadelphia, and in 1825, when an honorary degree was conferred upon him by the University of Maryland. This was the only degree ever conferred upon him. After his death his memory remained unnoticed for practically a half century, or, to be exact, from 1830, the year of his death, to 1879, the year in which the dedicatory exercises in Danville were held.

The credit and honor for the breaking of this prolonged silence belong to the late Dr. John Davies Jackson, a native of Danville.

The earliest public notice of Doctor Jackson's efforts

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occurred in 1872, when he sounded Dr. Lewis A. Sayre of New York as to the propriety of erecting a monument to Ephraim McDowell. Quite naturally, Doctor Sayre gave Jackson's idea his hearty approval.

To a man of Jackson's attainments, with his alert mind and his keen sense of propriety, the idea of honoring such a benefactor must have occupied his thoughts for some time before he ever consulted Doctor Sayre. It is a matter of regret that Jackson died so early, as he seemed so eminently fitted for this task, which was easily worthy of the best efforts of his life. It is true that the movement which he started was taken up where he left it, and finally completed by others. But there was so much more that in time could have been done, and that probably would have impressed itself upon Jackson had he lived to continue his interest and efforts, with the result that the details of McDowell's life and the objects pertaining to his career and his labors would to-day be in a state of preservation and recognition somewhat commensurate with the unbounded importance that the work of McDowell represents.

Unfortunately, Jackson did not live to complete the forty-first year of his life, but died of tuberculosis December the eighth, 1875. He received his education at Centre College, and spent his life in Danville. He was a man of unusual attainments, with high ideals and a mind matured and broadened through travel. Three years before his death he began to carry out his idea by interrogating Doctor Sayre and, no doubt, others. Encouraged by their approval, he set about his task, but as matters moved in so short a space of time as three years, little more than a definition could be given the movement to erect a monument which, although highly commendable, was after all but a very modest beginning.

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Jackson began by introducing his idea into the Boyle County Medical Society. From here it was extended to the Kentucky State Medical Society and the American Medical Association, the national body. Commendable as it was, unfortunately, the farther it extended the weaker it grew. Most likely if he had lived, he would have remained behind the movement and kept its interest alive. As it was, by the time it reached the American Medical Association, it rapidly died of inanition.

As a matter of history, the progress, or lack of progress, of the movement, whichever way you care to view it, in the state and national bodies is of sufficient interest to make a repetition of the records desirable. We begin with the twenty-fifth volume of the Transactions of the American Medical Association, 1874, in which Dr. J. M. Keller acting upon the request from the Boyle County Medical Society, introduced the initial resolution into the American Medical Association, to-wit:

These records are reprinted from the Transactions, Amer. Med. Asso., Vols. 25, 26 and 27. From Vol. 25, 1874 we are told that Doctor Keller, of Kentucky, announced that he had been requested by the Society of Boyle County, Kentucky, to bring before the Association the following resolutions adopted by that Society in reference to the late Dr. Ephraim McDowell.

“Resolved, That in the opinion of this Society the time has come in which an effort should be made to erect a statue or some other suitable memorial in honor of Dr. Ephraim McDowell, ‘the father of ovariectomy,’ who lived and died in our midst, and who performed his first operation for ovarian tumor here in Danville, in 1809.

“That with this view a committee of three be appointed from this Society to attend the approaching meeting of

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the Kentucky State Medical Society, who shall be empowered to lay the matter before the profession constituting that organization, requesting their aid in devising and executing such measures as may be deemed most conducive to the end in view."

Doctor Keller, after reading the foregoing, offered the following preamble and resolutions:

"Whereas, A most laudable effort has recently originated in the Boyle County Medical Society of the State of Kentucky and in the Kentucky State Medical Society, to create a fund for the erection of a statue or some other suitable memorial in honor of Dr. Ephraim McDowell, 'the father of ovariectomy,' English writers to the contrary notwithstanding, who lived in the town of Danville, in the State of Kentucky, and who performed in that town the first ovariectomy in the year 1809:

"Resolved, That the American Medical Association most earnestly indorse the action of the said County and State Societies, and as urgently commend the object to the generous consideration of the medical profession of the world."

After a discussion, the resolutions were adopted.

From Vol. 26, 1875, Dr. J. Marion Sims, N. Y., read the Report of the Committee on the McDowell Memorial Fund, which on motion was received, and the resolutions were unanimously adopted.

"Whereas, It is universally acknowledged that the late Ephraim McDowell, of Kentucky, was the originator of the operation of ovariectomy;

"And, whereas, We believe that proper measures should be instituted to commemorate this great achievement, and do appropriate honor to its author; therefore:

THE MOVEMENT IN HONOR OF HIS MEMORY

“Resolved, That this Association recommend to each of its members, and to the profession generally, to contribute annually such sums as they may think proper until the amount of ten thousand dollars shall be accumulated, which shall be known as the McDowell Memorial Fund, the interest of which shall be devoted to the payment of prizes for the best essays relating to the diseases and surgery of the ovaries.

“Resolved, That this fund shall be invested by trustees to be appointed by the Association, and subject to such regulations as it may devise.

“Resolved, That this Association shall elect a board of three trustees, whose duty it shall be to carry out the object of these resolutions, and whose term of office shall continue five years.

“Resolved, That this Association will leave to the State of Kentucky the grateful privilege of providing a local memorial to the memory of Doctor McDowell.”

Respectfully submitted,

J. MARION SIMS, New York,
WASHINGTON L. ATLEE, Pa.,
W. H. BYFORD, Illinois,
J. M. KELLER, Kentucky.

On motion of Dr J. Morris, Maryland, the following were appointed Trustees of the McDowell Memorial Fund:

Drs. Washington L. Atlee, Pennsylvania; W. H. Byford, Illinois; J. M. Keller and J. D. Jackson, Kentucky; and J. Marion Sims, New York.

Dr. L. P. Yandell, Chairman of Committee on Prize Essays, reported as follows:

The Committee on Prize Essays beg leave to report that they have received a number of essays, carefully

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written and marked by various degrees of merit. But after as careful an examination of them as the committee have had time to make they are not prepared to recommend any as worthy of the prize offered by the Association. One of the papers submitted to your committee is a work of vast dimensions. It makes four volumes, and an aggregate of more than twelve hundred pages. The committee have found it utterly impracticable in the time at their disposal to look through this elaborate paper. It treats of "Excision of the Larger Joints," and strikes the committee as worthy of a careful examination. They would therefore recommend that it be submitted to a committee of experts, to be reported upon at the next meeting of the Association.

Respectfully submitted,

L. P. YANDELL,
Chairman.

Vol. 27, 1876, Dr. J. M. Keller read the report from the McDowell Memorial Fund:

REPORT FROM TRUSTEES OF McDOWELL ESSAY FUND

Total amount of subscriptions received to date.....	\$494
Amount of expenditures.....	340
Amount in hands of Treasurer.....	\$154

"Resolved, That, until the sum of ten thousand dollars be raised, the annual fee of membership be increased from five dollars to six dollars, and that this increase of one dollar be set aside to create the fund.

On motion of Dr. J. M. Toner, the report was accepted.

Dr. S. C. Busey, objected to the change in the dues.

Dr. L. D. Waterman, of Indiana, moved to appoint a committee of seven to take up a collection at once.

On motion of Dr. J. L. Atlee, of Pennsylvania, this was laid on the table.

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Dr. Toner moved to appropriate \$1000 from the treasury.

Dr. E. L. Howard, of Maryland, rose to a point of order, that such matters could be considered only on the first and fourth days.

On motion of Dr. Robert Reyburn, D. C., Dr. Toner's resolution was laid on the table till to-morrow.

On motion of Dr. J. J. Woodward, D. C., the regular order of business was resumed.

From the foregoing it is evident that a division of labor resulted, in which the American Medical Association essayed the creation of a Memorial Prize Fund of ten thousand dollars, the interest of which should be devoted to the payment of prizes for the best essays relating to the diseases and surgery of the ovaries, whereas to the Kentucky State Medical Association fell the task of erecting a memorial monument.

The efforts, and their results, of the American Medical Association are best described by Gross, in a footnote to his dedicatory address as follows:

All, in fact, that the American Medical Association did was to pass an empty resolution, leaving, as the illustrious chairman, Dr. J. Marion Sims, expressed it, "to Kentucky the grateful privilege of providing a local monument to the memory of Doctor McDowell," and requesting the Association to contribute through its individual members the sum of ten thousand dollars as a fund, to be called the "McDowell Memorial Fund," to be devoted to the payment of prizes for the best essays relating to the diseases and surgery of the ovaries. This fund is still unborn, and it is not probable that it will receive any further attention from the Association.

The first records of this movement in the Kentucky State Medical Society were encountered in the "Transactions of the nineteenth meeting" held in Shelbyville, 1874, as follows:

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Dr. J. D. Jackson, after a few remarks touching the proneness of Americans to lose sight of their great and world-famed men of genius, presented the following resolutions from the Boyle County Association:

"Resolved, That in the opinion of this Society it is proper that an organized effort be made to erect a memorial statue to the memory of Dr. Ephraim McDowell, 'the father of ovariectomy,' who performed the first operation of the removal of an ovarian tumor at Danville, Ky., in the year 1809.

"Resolved, That the Kentucky State Medical Society be requested to sanction these resolutions."

JOHN D. JACKSON,
ELY McCLELLAN,
J. M. MEYER.

Referred to Doctors Jackson, McClellan, Keller, and Meyer, with instructions to report the most practicable means of raising the necessary funds.

Doctor McClellan said it had been suggested to him that the women rescued by the "ovarian method" be requested to erect this monument in gratitude to their great benefactor.

In the same Transactions, Dr. J. W. Thompson, of Paducah, in his Presidential address pays a splendid tribute to the memory of McDowell and makes an earnest appeal in behalf of the efforts of Jackson.

The reprinting of this section of Doctor Thompson's address is for more reasons than one deemed appropriate.

McDOWELL MONUMENT

There is a name which stands as a priceless gem in the history of Kentucky medicine and surgery—the name of Ephraim McDowell. We all bow with reverence to his memory. His wonderful discovery and distinguished services should incite us to guard and protect the legacy of his exalted genius, not only as a measure of justice to him, but to Kentucky surgery, on whose historic page his name stands highest. Such services should be rewarded by a monument whose shaft should reach high above the bushes and briers that now cover his lonely grave in the cemetery of General Shelby, in Lincoln County, in this

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state. The monument must be reared, and the responsibility of building it is upon this Society. Upon us rests the "labor of love" of perpetuating the fame of him who originated and successfully established the operation of ovariectomy, which "has given to woman more than thirty thousand years of actual life."

The women of the world ought to have erected this monument long ago, and I doubt not that our present efforts will receive their hearty coöperation. It should be a matter of pride to them and the medical profession, and indeed to civilized people throughout the world, to aid in paying this just tribute to his genius. But if unaided from any quarter whatever, we must preserve the memory of one who reflected so much honor on the medical reputation of our state by the renown he has secured in this country and in the whole civilized world, and who even up to this time is quoted with more reverence than those to Kentucky's distinguished sons whom we are all proud to claim.

It is true that the selfish vanity of some medical men in Europe has caused them to endeavor to snatch from him the credit of the one achievement which alone would yield undying fame. But facts valuable to history and to justice will not permit it, and never while I can raise my voice or move my pen will I in silence allow one leaf to be plucked from the wreath that entwines his brow.

If he could be consulted, he would doubtless prefer to have his last resting place marked as it is—"E. McDowell" upon a simple slab; but our admiration for such an illustrious medical character should make us unwilling that he who has done so much good and added so much glory to Kentucky surgery should lie in such a neglected place. If his history belonged to England, France, Russia, or any other country in Europe, the marble column with the tallest spire, indicative of the mental height of him who rested there, would mark the spot where so much greatness lies. And we must not be behind them. It belongs to Kentucky medicine and surgery to do this work, and let us never cease our efforts until a suitable monument marks his tomb, which should be a "Mecca" to us all.

I hope I shall not be censured if in imagination I linger too long near his shrine, how poor soever be the offering I bring to it. I suggest that a committee be appointed, as was first

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proposed by my distinguished friend, Dr. J. D. Jackson, of Danville, to be called the McDowell Monument Committee, with instructions to proceed in the most practical way to raise money for the purchase of the monument.

The next record occurred in the Transactions of the twenty-first Annual Session of the State Society held in Hopkinsville in the year 1876.

According to these records,

Dr. L. S. McMurtry, of Danville, moved that an Executive Committee be appointed, consisting of five members, to be known as the McDowell Monument Committee, whose duty it shall be to collect the money already subscribed for that purpose, and secure such donations as possible, and to erect some monument over the remains of Dr. Ephraim McDowell, the "Father of Ovariectomy," at Danville, Kentucky.

The motion having been seconded, Doctors McMurtry and Keller proceeded in a brief manner to discuss the importance of honoring the memory of Doctor McDowell.

Drs. J. H. Letcher, J. L. Cook, and J. A. Octerlony earnestly supported the measure embraced in the resolution.

Something was said about securing an appropriation from our State Legislature for the purpose indicated, when Dr. W. H. Long remarked that he would consider it a disgrace to Kentucky doctors to permit the Legislature to build a monument at public expense in honor to the immortal McDowell.

The motion of Doctor McMurtry was unanimously adopted, and the chair appointed Drs. L. S. McMurtry, of Danville; J. H. Letcher, of Henderson; Turner Anderson, of Louisville, H. M. Skillman, of Lexington, and J. W. Thompson, of Paducah, as members of the McDowell Monument Committee.

The following is a transcript of the records of the Annual Session held in Louisville, in the year 1877.

Dr. Lewis S. McMurtry, of Danville, Chairman of the McDowell Monumental Fund Committee, presented a verbal report relative to the labors of the committee, stating that their work had not been so successful as was desired, but still something was being done towards adding to the monumental fund,

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\$434.05 having been collected. But this sum, he stated, was wholly inadequate to the purpose desired. He read a letter from Dr. S. D. Gross, of Philadelphia, who urged that the profession of Kentucky should subscribe liberally, and who protested against the erection of a humble stone. The "Father of Ovariectomy" deserved a monument more imposing in its character, and Dr. Gross suggested that Europe be asked to subscribe, as Dr. McDowell's fame was world-wide.

Dr. J. M. Keller stated that it was not the *duty* of the physicians of Kentucky to do this work, but a *privilege* which they should gladly accept, and erect a shaft worthy of the great name of the dead surgeon.

Dr. John L. Cook, of Henderson, favored the petitioning of the legislature for aid in erecting a monument, as other great men had been so honored, and there had been none greater than McDowell.

Dr. J. M. Bodine wished to know the probable cost of erecting a suitable monument.

Doctor McMurtry replied that he had investigated the subject but partially, yet supposed that \$2,500 or \$3,000 would be a sufficient sum, and that the trustees of the Danville Cemetery would give a beautiful and eligible lot on which to build the monument.

Doctor Bodine thought Kentucky physicians should do the work themselves. He subscribed on the part of the Medical Department of the "University of Louisville" \$200, and pledged himself to be one of twenty persons to increase the amount to \$500, which would be but \$15 each.

Other subscriptions were made, until the sum subscribed had increased to more than a thousand dollars.

In the records of the year following, 1878, the meeting being held in Frankfort, occurs the report, to-wit:

Dr. L. S. McMurtry, Chairman of the McDowell Monumental Fund Committee, made a verbal report, showing that nearly one thousand dollars had been collected for purchasing a monument to be erected over the grave of Dr. Ephraim McDowell. The same committee was continued as an Executive Committee, and empowered to push the work to completion.

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This brings us to 1879, the year of the dedicatory exercises. In the transactions of that year, we find:

A motion that the funds remaining in the hands of the treasurer after payment of all expenses for the year just closed be turned over to the McDowell Monumental Fund Committee to pay a deficit due on the McDowell monument, was made by Dr. Coleman Rogers. Carried, and the treasurer accordingly instructed.

It may be in order at this point to add that the Committee having the McDowell Memorial Fund in charge continued in existence until the meeting of the following year, held in Lexington in 1880. At this meeting the Committee was discharged after the Treasurer, Dr. Turner Anderson, had read his report, which was adopted and filed.

The monument is described in the Memorial Publication as:

A handsome shaft made from Virginia granite. Midway on the shaft is a bronze medallion of McDowell, and beneath the medallion his monogram with the motto, "Honor to whom honor is due." Upon the front face of the monument is the following inscription, encircled with a laurel wreath: "A grateful profession reveres his memory and treasures his example." On the opposite side is inscribed, "Erected by the Kentucky State Medical Society, 1879." On the eastern face this inscription: "Beneath this shaft rests Ephraim McDowell, M.D., the 'Father of Ovariectomy,' who, by originating a great surgical operation, became a benefactor of his race, known and honored throughout the civilized world." The western face is devoted to the historic inscription as follows, being encircled with the Æsculapian serpent: "Born in Rockbridge County, Virginia, 1771; attended the University of Edinburgh, 1793; located in Danville, Ky., 1795; performed the first ovariectomy 1809; died 1830."

Two accounts of the dedicatory exercises which were held on May 14, 1879, are herewith appended—the official



Memorial Monument in Danville and final burial spot of Dr. Ephraim McDowell and Mrs. McDowell. Erected in 1879, by the Kentucky State Medical Society.

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account as it occurs in the Minutes of the Kentucky State Medical Society of the year, 1879, and an editorial comment in the *Obstetric Gazette*.

EVENING SESSION. OFFICIAL ACCOUNT.

Pursuant to adjournment, the society assembled at the Second Presbyterian Church at 8 o'clock, where were held the formal exercises of unveiling the McDowell Monument. The church was filled to overflowing with a most brilliant and cultivated audience of ladies and gentlemen.

The chairman of the McDowell Monumental Fund Committee, Dr. Lewis S. McMurtry, introduced Professor S. D. Gross, M.D., LL.D., D.C.L., Oxon., of Philadelphia, the speaker of the evening, who gave an interesting and accurate history of the life of the Father of Ovariectomy, Dr. Ephraim McDowell.

Response on the part of the State Medical Society was made by Dr. R. O. Cowling, of Louisville. Doctor Cowling presented Doctor Gross with the knocker which had hung upon Doctor McDowell's door, which was received with much feeling by the distinguished gentleman, whose expressions of thanks were most eloquent and touching, bringing tears to the eyes of many present.

Dr. Lewis A. Sayre, of New York, president of the American Medical Association, was introduced, and made a few appropriate remarks.

Letters were read from the following distinguished gentlemen who were not able to be present: T. Spencer Wells, Thomas Bryant, J. Knowsley Thornton, London; Oliver Wendell Holmes, Boston; T. G. Richardson, New Orleans; Theophilus Parvin, Indianapolis; Horatio R. Storer, Newport, R. I.; T. Gaillard Thomas, New York, and J. M. Toner, Washington City.

Adjourned to meet at Broadway Methodist Church tomorrow morning 9 o'clock.

Among the letters above referred to there is one by Sir T. Spencer Wells, and another by Oliver Wendell Holmes, that deserve to be reprinted.

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L. S. McMurtry, M.D., Chairman McDowell Monument
Committee:

Dear Sir—I thank you very much for your invitation to attend the meeting connected with the McDowell Monument, and I deeply regret that I am unable to leave London at present.

It would give me extreme pleasure to be present at so interesting a ceremony, to make the acquaintance of so many of my American professional brethren, and to show my respect to the memory of “the Father of Ovariectomy.”

I shall hope in some future year to visit your great country again, and to see the monument you have raised over the grave of McDowell.

Very sincerely,
(Signed) T. SPENCER WELLS.

3 Upper Grosvenor Street, London W.,
April 24, 1879.

L. S. McMurtry, M.D., Chairman McDowell Monument
Committee:

Dear Sir—I regret that it is not in my power to renew the pleasure of a former visit to Kentucky and take part in the exercises at the dedication of the McDowell Monument, at least so far as to be a sympathetic listener to all the eloquence which the occasion will call forth.

I feel a personal interest in the surgical conquest which is to be commemorated in addition to that which all the world recognizes. Among the births of the century this is a twin with myself. Doctor McDowell's first operation dates from the same year as that in which I first inhaled the slow poison that envelops our planet, the effects of which I have so long survived. I thank God that the other twin will long outlive me and my memory, carrying the light of life into the shadows of impending doom, the message of hope into the dark realm of despair; opening the prison to them that are bound and giving them beauty for ashes, the beauty of a new-born existence even, it may be, as I have but recently seen it, of youthful and happy maternity in place of the ashes for which the inevitable urn seemed already waiting.

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I am glad that this great achievement is to be thus publicly claimed for American surgery. Our transatlantic cousins have a microphone which enables them to hear the lightest footsteps of their own discoverers and inventors, but they need a telephone with an ear-trumpet at their end of it to make them hear anything of that sort from our side of the water. There is another kind of trumpet they do not always find themselves unprovided with, as those who remember Sir James Simpson's astonishing article, "Chloroform," in the eighth edition of the *Encyclopædia Britannica*, decently omitted and ignored in the ninth edition of the same work, do not need to be reminded.

If there was anyone who could dispute Doctor McDowell's claim to be called "the Father of Ovariectomy" it would have been our own Dr. Nathan Smith—our own and *your* own too, for he also was born and lived and died on the sunset side of the Atlantic, and within the starry circle which holds us all. Doctor Smith performed the operation of ovariectomy with success early in the century, but unfortunately there is no record, so far as I know, of the exact date. I allude to this fact not to invalidate Doctor McDowell's claim, for an undated case can not do it, but to couple with his name as at least next in priority that of another native American practitioner worthy of companionship with the greatest and the best.

A single thought occurs to me which may help to give this occasion something more than professional significance. Although our political independence of the mother country has been long achieved, our scientific and literary independence has been of much slower growth.

And as we read the inscription on this monument, let us gratefully remember that every bold, forward stride like this grand triumph of American science, skill, and moral courage, tends to bring us out of the present period of tutelage and imitation into that brotherhood and self-reliance which should belong to a people no longer a colony or a province, but a mighty nation. I am, dear sir,

Yours very truly,

(Signed) OLIVER WENDELL HOLMES.

Boston, May 9, 1879.

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EDITORIAL COMMENT. OBSTETRIC GAZETTE.

The conception of this monument is due to the late Dr. John D. Jackson, one of Kentucky's most accomplished physicians, and it seems sad that he was not spared to participate in the completion of his cherished wish.

The oration was to have been delivered by Dr. W. L. Atlee, and upon his death, Doctor McMurtry, Chairman of the Committee of Arrangements, secured Dr. Samuel D. Gross, to perform this duty.

The dedicatory exercises were held in the Presbyterian church, which at an early hour was closely packed with a brilliant and distinguished assembly. Doctor Gross, occupied an hour and a quarter in the delivery of his oration.

The receptions were as follows: Governor McCreary at the Asylum for Deaf and Dumb, Dr. A. R. McKee, Judge M. J. Durham and Dr. A. W. Johnstone.

We have but one criticism to offer on this memorable occasion—and that is not of vital importance—our Louisville and other distinguished Kentucky gentlemen, so completely covered the ground that no opportunity was given for the bubbling over of those choice little bits of impromptu eloquence that some of us had so carefully prepared for the occasion and carried so far to dispose of—but doubtless with a little redressing they will all answer for some other dinner party.

Although the selection of Dr. Samuel D. Gross, it seems, was not the first choice, as the above editorial comment indicates, there is hardly any room for dissenting from the view that he, above all others, should have been the chosen speaker.

No one else was so well fitted and so justly deserved this honor as Samuel D. Gross. By his memorable contribution upon McDowell in his report on surgery in the second annual meeting of the Kentucky State Medical Society held in Louisville in 1852, and his consistent stand thereafter as McDowell's defender and biographer, by his interest as promoter of, and contributor to the Monu-

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mental Fund, he stood alone as having labored more in behalf of McDowell than any other man.

Washington L. Atlee, although a distinguished ovariotomist, had scarcely any claim to this honor. It was largely Atlee's premature expressions, based upon an imperfect knowledge of his subject, that did more for a time and in a way to obscure McDowell's title to the honor of being the first ovariotomist than the expressions of any other writer.

The English writers hardly omitted an opportunity to preface their remarks with a reference to Atlee, "the American Ovariotomist" who speaks of Robert Houstoun, as the predecessor of McDowell. Atlee for a time at least, had not only erroneously placed Houstoun, but also three others, as predecessors of McDowell in the performance of ovariotomy.

It was the energetic defense which Gross so clearly and forcefully made that removed all doubts, and so plainly established the justice of McDowell's claims, that Atlee renounced his views by dedicating his work on ovarion tumors "To the Memory of Ephraim McDowell, of Kentucky, the Founder of Ovariotomy, in 1809," etc.

Even to this day we hear echoes of Houstoun's claims.

These services, together with the fact of the long residence of Doctor Gross in Louisville, where for many years he taught so brilliantly, and where some of the best of his life's work was done, or, as he expressed it, "which had been the most important era in my career," logically made him the speaker of the evening. The address of Dr. Gross, which is a biography, a defense, a tribute, and a history of McDowell and his first ovariotomy, all in one, and is a rehearsal of his former writings is, owing to its length, scarcely admissible here.

Following the memorial address, Professor Gross

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was presented with the door-knocker from Doctor McDowell's house, as a token of esteem and affection from the profession of the State of Kentucky.

Dr. Richard O. Cowling's short presentation address is such a rare oratorical gem, so full of the tenderest affection, and so evidently sincere and appropriate, that it is a pleasure to aid in its perpetuation by reproducing it and Doctor Gross's reply in full as they appear in the Memorial publication.

PRESENTATION ADDRESS

DOCTOR GROSS,—The Kentucky State Medical Society thanks you for the beautiful oration you have just delivered on Ephraim McDowell. Surely hereafter, when history shall recall his deeds and dwell upon his memory, it will relate how, when he was fifty years at rest, the greatest of living surgeons in America came upon a pilgrimage of a thousand miles to pronounce at his shrine the noble words you have spoken.

The society does not wish that you should return to your home without some memento of the occasion which brought you here, and which shall tell you also of the admiration, the respect, and the affection it ever bears for you.

I have been appointed to deliver to you this simple gift, with the trust and the belief that it will always pleasantly recall this time and be a token of our feelings toward you. We wished to give you something directly connected with McDowell, and it occurred to us that this memento of the dead surgeon would be most appropriate. It is only the knocker which hung upon his door, but it carries much meaning with it.

The sweetest memories of our lives are woven about our domestic emblems. The hearthstone around which we have gathered, the chair in which our loved ones have sat, the cup their lips have kissed, the lute their hands have swept—what jewels can replace their value? Do you remember the enchantment that Douglas Jerrold wove about a hat-peg? How at the christening of the child they gave it great gifts of diamonds and pearls and laces; and when the fairy godmother came, and they expected that she would eclipse them all with the magnificence of her dowry, how she gave it simply a hat-peg? They wondered



The McDowell Door Knocker. This photograph was kindly presented to the author by Mr. Charles Perry Fischer, Librarian of the College of Physicians, Philadelphia.

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what good could come of that. The boy grew to be a man. In wild pursuits his riches were wasted, and at last he came home and hung his hat upon that peg. And while the goodman's hat was hanging there peace and plenty and order and affection sprang up in his home, and the hat-peg was indeed the talisman of his life.

I would that the magician's wand were granted me a while to weave a fitting legend around this door-knocker, which comes from McDowell to you, Doctor Gross. There is much in the emblem. No one knows better than you how good and how great was the man of whom it speaks. It will tell of many summonses upon mercy's mission which did not sound in vain. Ofttimes has it roused to action one whose deeds have filled the world with fame. A sentinel, it stood at the doorway of a happy and an honorable home, whose master, as he had bravely answered its signals to duty here below, so when the greater summons came, as trustfully answered that, and laid down a stainless life.

It belongs by right to you, Doctor Gross. This household genius passes most fittingly from the dearest of Kentucky's dead surgeons to the most beloved of her living sons in medicine. She will ever claim you as her son, and will look with jealous eye upon those who would wean you from her dear affection.

And as this emblem which now is given to you hangs no longer in a Kentucky doorway, by this token you shall know that all Kentucky doorways are open at your approach. By the relief your skill has wrought; by the griefs your great heart has healed; by the sunshine you have thrown across her thresholds; by the honor your fame has brought her; by the fountains of your wisdom at which your loving children within her borders have drunk, the people of Kentucky shall ever open to you their hearts and homes.

DOCTOR GROSS'S REPLY

I am much overcome, gentlemen of the Kentucky State Medical Society, by this mark of your approbation. I am not the great man your speaker has declared me to be, but I gratefully appreciate the feelings that have prompted his words. I claim to be but an earnest follower of surgery, who during a period which has now extended beyond half a century, has

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striven to the best of his ability to grasp its truths and to extend the beneficence of its offices. I am not to be placed by the side of McDowell, for what I may have done in our art; but if this reward be a measure of the appreciation I hold of the good-will of the people in this Commonwealth, I may claim it for that.

The years of my life which I passed in Kentucky represent the most important era in my career. They witnessed many of its struggles and much of the fruition of its hopes. To the warm hearts of the many friends it was my good fortune to secure within these borders do I owe it that those struggles were cheered and rewards beyond my deserts were secured.

I take this emblem now offered me as the most valued gift of my life. It shall be received into my home as a household god, environed by all the memories of goodness and greatness to which your speaker has referred, and above all recalling this scene. Dying I shall bequeath it among my most important possessions to the family that I may leave, or in failure of that, to be preserved in the archives of some society.

I thank you again, gentlemen, and I wish I were able to tell you better how much I thank you.

The ceremonies represented a creditable beginning in a most worthy cause, but with two such speakers as Samuel David Gross and Richard Oswald Cowling, it could hardly have been otherwise.

CHAPTER XII

THE CENTENNIAL CELEBRATION OF THE FIRST OVARIOTOMY—
EFFORTS TO MEMORIALIZE THE McDOWELL HOUSE—THE
AUTHOR'S ADDRESS BEFORE THE KENTUCKY STATE FEDERATION
OF WOMEN'S CLUBS.

FOLLOWING these memorial exercises, all interest and effort in this direction seem to have subsided until 1909, the hundredth anniversary of the first ovariectomy. In this year, after a lapse of three decades, we note a revival of interest in McDowell, that took the form of centennial exercises in commemoration of the first ovariectomy. The operation had by this date passed through the test of a century's experience, or, more accurately speaking, the vicissitudes of a century, an ample period in which to reach something like a final conclusion as to its direct and indirect benefits, both of which had by this time far exceeded the most extravagant expectations. It would not have been unreasonable, therefore, to have expected a celebration commensurate with the dignity and the real importance of the work of McDowell, and the full significance of his first ovarian operation.

Unfortunately such was not the case. This centenary event should have aroused a widespread enthusiasm that would have resulted in action appropriately honoring the memory of a super-member of our profession. But as it not infrequently happens, we were too much absorbed in our own plans; we were so completely under the dominion of our own personal interest that we seemed to have neither time nor inclination to stop long enough or to manifest interest enough to honor one of our members who had done so much for the human race, and who had

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made it directly possible for us to perpetuate his benefits, and incidentally enrich ourselves.

The great organizations of medicine and their leaders, who have the attention of the profession, overlooked a wonderful opportunity to encourage and foster the spirit of appreciation and gratitude for one who did so much to make our careers distinguished, not to mention the far greater benefits to the world in general.

The only efforts in this direction that came to our attention were those of the American Gynecological Society in New York, and of the McDowell Medical Society in Cincinnati. It is obvious that, if it fell to the lot of any particular society to take up this task, that society should be the American Gynecological Society, for without McDowell there would scarcely be any excuse for the existence of such a society. We say this not in a limited sense, because he was the first ovariologist, but broadly, because the first ovariectomy was really the beginning of abdominal and pelvic surgery. For this reason we feel that the obligation of adequately honoring the memory of McDowell did not fall exclusively to the American Gynecological Society, but became the logical duty of at least the entire division of surgery if not the whole profession.

Some day we hope that the whole medical profession will realize the debt it owes this hero, to whom it has accorded such scant recognition, and will then take the lead in arousing humanity to the step of finally honoring Ephraim McDowell, as it should have done long since. It would be ungracious, indeed, not to recognize fully the credit due the American Gynecological Society for its centennial celebration, yet it would also be an error to overlook some of the opportunities that were lost upon that occasion.

CENTENNIAL CELEBRATION, FIRST OVARIOTOMY

It is a matter of regret that the committee in charge of the celebration decided upon holding the exercises in a fashionable hotel in New York City, instead of in Danville, Ky. It would have been so much more appropriate to have held these services in Danville, the scene of McDowell's activities, the hallowed spot where this immortal operation was consummated, than to select a rich, but, after all, commonplace hotel, where there was all the food and finery that money can buy, but none of the spiritual relationship which is the soul of such a gathering, and which supplies the inspiration and excuse for such a celebration. It would have been better to have followed the splendid example which the English gave us in erecting a Memorial Theatre in the charming little town of Stratford—a town not unlike Danville in size. There memorial performances are given in honor of the immortal Shakespeare. With this example before us, would it be asking too much to expect a society whose work is so inseparably blended with the accomplishments of McDowell, and so dependent upon them, once in a hundred years to make a pilgrimage to this shrine?

It is true that the little town of Danville did not have the pretentious hotel that the American metropolis afforded, but it had something better, an adequate number of splendid homes surcharged with genuine Kentucky hospitality. This would have made the gathering less formal, and aside from the chief aim in view, would have been to those accustomed to large cities more unique and impressive than the brilliant, but not at all distinctive performance in New York City. To this should be added the historic interest in which Danville abounds, an interest which does not stop with the performance of the first ovariectomy, indirectly the birth of abdominal surgery.

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The fate of our country for a time after the Revolution was about as dependent upon the events and the spirit that prevailed in Danville as it was upon the action that was going on in the Federal City, as Washington was then known. The indefinite state of the relations that existed at the close of the Revolutionary War between our young republic and Great Britain, and the continued existence of armed British outposts, together with the Indians, in a region that was still claimed by both governments, made Danville a point of the utmost strategic importance and the scene of no small amount of international intrigue.

McDowell was not the only citizen who added interest and color to this historic township, and whose name has passed into history. There were others of less, but still enduring fame. Among them were John James Audubon, the naturalist; Joseph Hamilton Daviess, who arraigned Aaron Burr for treason, and was the first United States District Attorney; Keane O'Hara, the village schoolmaster and the father of Theodore O'Hara, the author of "The Bivouac of the Dead." The ancestors of James Gillespie Birney lived here, and were related to the McDowells. Birney was the first Abolitionist candidate for the presidency in 1844. According to Dr. Fayette Dunlap, one brother of Birney was minister to The Hague, another, professor of English literature in the University of Paris, and a third, a professor of engineering in our Military Academy at West Point.

These various attractive and logical reasons in favor of Danville, together with the information, which we received from a most reliable source, that the extension of an invitation had not been overlooked by Danville, should be a sufficient apology for the consideration of the shortcomings of this celebration.



McDowell Memorial Medallion, designed and cast for the American Gynecological Society, 1909. Presented to the author through the kindness of Dr. Howard A. Kelly, Baltimore, Md.

CENTENNIAL CELEBRATION, FIRST OVARIOTOMY

From the thirty-fourth volume of the Transactions of the American Gynecological Society, published in the year 1909, we copy the following relative to these memorial exercises.

Facing page eleven is an illustration of two gavels; the title under the upper one is as follows:

Inscription on the shaft of the gavel. Doorknob from the office of Ephraim McDowell. Presented to the American Gynecological Society by T. A. Ashby, M.D., of Baltimore.

Inscription on the handle of the lower gavel. Wood from house, A. Dunlap, 1843. Inscription on the head of lower gavel. Presented to the American Gynecological Society by W. P. Manton. McDowell centennial, New York, 1909. Wood from house of Ephraim McDowell, 1809.

The bronze McDowell memorial medallion presented to each Fellow and guest at the dinner given in commemoration of the first Ovariectomy by Dr. Ephraim McDowell. The medallion is two and three quarter inches, showing on the obverse the profile of the great surgeon, with the inscription, "To commemorate the First Ovariectomy, 1809-1909, Ephraim McDowell." The reverse is the seal of the Society.

The medallion was designed and modelled by a Fellow of the Society, Dr. Robert L. Dickinson, of Brooklyn, and cast by Gorham.

Reproduction of invitation to Ephraim McDowell's Centennial:

1809. E. McD. 1909.
(Monogram)
Dinner in commemoration of the
First Ovariectomy by
Doctor Ephraim McDowell,
given by
The New York and Brooklyn Fellows of the
American Gynecological Society
on Thursday, the twenty-second of April,
One thousand nine hundred and nine,
Waldorf Astoria,
New York.

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Banquet Program

Speakers

Ephraim McDowell, the First Ovariologist, Lewis S. McMurtry, M.D., Louisville, Ky.

Lantern Slide Pictures, E. C. Dudley, M.D.

Mrs. Crawford: A Type of American Womanhood, Edward P. Davis, M.D., Philadelphia.

McDowell's Successors in America, Howard A. Kelly, M.D.

McDowell's Successors in the British Empire, Herbert R. Spencer, M.D., F.R.C.P., London.

McDowell's Successors in France, Professor S. Pozzi, Paris.

McDowell's Successors in Germany, Professor Hofmeier, Würzburg.

The addresses at the banquet consisted largely of a review in a concise manner of the data, historical and otherwise, indicated in their titles. There was one note in all this discourse that is worthy of repetition. It is the suggestion of Dr. Herbert R. Spencer, who represented the British Empire, when he said:

In the beautiful park of this city where voyagers from the Old World land in the New, I would like to see, side by side with those erected to Shakespeare, Scott and Burns, a monument inscribed Ephraim McDowell, with no record of his work, which is a *monumentum aere perennius*. In this meeting, raised a hundred yards above the level of the pavement and a hundred years above the level of the past, he needs no monument of moulded bronze or sculptured stone. The visitor to St. Paul's Cathedral looks in vain for any effigy of Wren, its great architect, but is told if he requires a monument, to look around; and so I say to this great meeting of American gynecologists, "*Si monumentum requiris circumspice*."

The other centenary celebration of the first ovariectomy occurred in Cincinnati, under the auspices of the McDowell Medical Society of that city. This, like the foregoing, was in the form of a banquet. The two principal speakers were Dr. Samuel Cary Swartsel, whose

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subject was "Ephraim McDowell," and Dr. Fayette Dunlap, a native of Danville, whose subject was "Pioneer Days in the Blue Grass."

If there was anywhere else any other recognition of the hundredth anniversary of this epoch-making step in medicine, it has escaped our observation. Likewise, if there were any other efforts made either before or after the centenary celebration with the view of memorializing in one way or another the life and labors of McDowell, we are not aware of them.

Our own efforts in this direction are the outcome of the inquiry that had its origin in Berlin, when the question was asked whether McDowell did his first ovariectomy upon a negress, as was then believed in Germany, and to a great extent is still believed there and very likely in other parts of Europe. This inquiry actively began about the middle of the summer of 1911. One of our first steps was to make an investigation of matters relating to McDowell, as they then existed in Danville. Our first visit, although necessarily of short duration and in the nature of a reconnaissance, was sufficient to reveal plainly the utter neglect into which the landmarks associated with this hero had fallen.

So far as appearances went, he seemingly meant no more to Danville than hundreds of others who have lived there without adding anything out of the ordinary to the common interest in humanity. In a way he was still an asset to the community, without the community's apparently realizing its corresponding obligation. The interest in the landmarks, notably his house and office where the operation was most likely performed, was one of mingled curiosity and vandalism. The landmarks were of sufficient importance to become the subject of one of the most interesting of their illustrated postcards, but not

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important enough to be rescued from the ignominious fate of a negro "rooming house."

The esteem in which this house is held at present can best be judged by a passage from a letter, received from one of the highly respected practitioners of Danville, when he says in answer to a particular question pertaining to this house: "I drove slowly by the place, by the residence and carefully scanned it." . . . "The occupancy of these structures being somewhat disagreeable I did not seek an entrance to the rear, to examine the west side."

We shall never forget this first visit. Although we were in a way, conversant with the existing conditions, we were not prepared to encounter the degree of neglect that met our gaze.

Unless one sees it one can hardly realize how a structure that should mean so much could sink to such a state in so enlightened a community, and under the very shadow of an institution of learning like Centre College, of which Ephraim McDowell was one of the founders and first trustees. And if one goes but a few steps farther and finds the first capital of the state, in which no small amount of history was created, in a similar condition, his astonishment becomes complete.

A piece of silver paved the way for an entrée to every nook and corner, but the grimy state in which we found most of the building defies all powers of description. As we reached the third floor, which was in the form of an attic, our Amazonian conductress grasped the remnant of a facing and bracing herself with her foot against the wall, began to tear this loose. When we asked her what she was trying to do, she replied in her best Ethiopian dialect, "Ise fixin to git ah suveneesh fah yu," and when we informed her that we did not want a souvenir and that we were interested in preserving rather than destroying

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the house, she said in surprise "Wha, evah body gits ah suveneesh what comes heah!"

In view of this disclosure our first thought was to correct this neglect, and save, if possible, before it is too late, this precious landmark. Like others before us, among whom are J. D. Jackson, Ely McClelland and J. W. Thompson, the most natural and logical thought that suggested itself was to appeal to the women of the state. The women were the first to enjoy the fruits of McDowell's labors, and for that reason it was but common gratitude for them to lead in the efforts to rescue this shrine. Aside from this, in matters pertaining to civic betterment, the preservation of historic landmarks, and the esthetic side of a city, we involuntarily think of the influence which the women have wielded, and will no doubt in an increasing degree continue to wield.

Other methods of procedure were not overlooked, among which was bringing the matter before the medical profession of the state. This idea, as we had learned through experience on more than one occasion, had its unfavorable as well as its favorable side, and for this and the foregoing reasons we concluded to begin the task by appealing to the Kentucky State Federation of Women's Clubs as the most appropriate medium through which to operate. Before mentioning the subject to the Federation, it was important to secure, if possible, an option upon the property, thus allowing a freedom of action provided it received the approval and the co-operation of the Federation.

This was the first, and as matters progressed, the only difficulty to be overcome. Unfortunately it remained the first, the last, and the only difficulty that could not be overcome. Having in a quiet way become familiar with some of the possible difficulties, we proceeded carefully, and,

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in the beginning, secretly, to acquire this option personally. In doing so, we took into our confidence Mr. John A. Quisenberry, a banker of Danville, who sympathetically listened to our plans, and although somewhat doubtful of the feasibility of the step, earnestly and sincerely co-operated with us in this difficult enterprise. The one difficulty and the only difficulty that was apparent from the beginning, and that became more and more evident as we proceeded, was that of reaching a somewhat reasonable agreement with the owner of the building. For certain reasons it was deemed best to approach him through a third person, one who was known rather as a purchaser of negro property than of historic landmarks. This third person, however, was not aware of our plans, yet as directed he began to secure an option if possible, or failing in this, to extract from the owner a statement as to the figure at which he was willing to sell. Although not definitely knowing at that time who eventually would supply the funds, we were ready and willing to step in and personally acquire the property, if a reasonable price could be decided upon. This would have simplified matters at once.

The time that remained until the meeting of the Federation, at which the proposition was for the first time to be made public, was a matter of few weeks, short in a way, but quite sufficient for us to have reached a conclusion several times over, if there had been any disposition on the part of the owner to sell at a reasonable figure. After every personal effort had been exhausted, and as the time for the annual meeting of the Kentucky Federation of Women's Clubs was approaching, steps were taken to extend the campaign. Since the individual efforts had failed, we decided to come into the open, as any other course much longer continued would have been an

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injustice to the public, who should not be denied the opportunity of co-operating in such a movement, if they so desired.

The project was brought to the attention of the President of the Kentucky Federation of Women's Clubs, who was quick to realize the propriety of bringing the subject before that body, and the importance of prompt action.

We were invited to present the matter personally before the Federation at its annual meeting, which was held at Mammoth Cave on May 28, 29, and 30, 1912.

This we did in the following address:

AN APPEAL TO THE STATE FEDERATION OF WOMEN'S
CLUBS TO MEMORIALIZE THE McDOWELL BUILDING
AT DANVILLE.

BY AUGUST SCHACHNER, M.D.

Madame President and Ladies of the State Federation of
Women's Clubs:

The most interesting side of Europe is the historical, and in the comparative absence of history, we differ perhaps most widely from Europe. That Europe has such an interesting historical side, is due to her age on the one hand, and equally so to a carefully developed and deeply rooted sentiment on the other hand.

They have a commendable reverence for the historical that is at one and the same time an index to their past and present culture, and a source of revenue by reason of its influence upon the tourists. Opulent as we are, our opulence cannot gain us any history. History cannot be bought, but must be created, and for its creation, time, although not the only factor, is yet the most essential element in its development.

With us the spirit of commercialism overshadows everything. In our struggle for commercial supremacy,

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we overlook to too great a degree the higher side of a national life, prominent in which is the historical. Unless we develop an interest in the historical side and keep this interest alive as we go along, we shall some day awaken to the sad fact that our finest gems have unconsciously slipped through our fingers to be lost now and for all time to come. Or, what may be more humiliating will be that a disappointed posterity will point the finger of scorn at us for our short-sighted indifference in these important matters.

An excellent illustration of this truth we have in the house of Dr. Ephraim McDowell in Danville. This historic shrine at present is reduced to the ignominious fate of a negro boarding-house.

If benefit to the human race is to be the standard by which we measure the usefulness and importance of a life, I am prepared to defend the statement that the importance of Dr. Ephraim McDowell's life overshadows that of either Washington or Lincoln, and that the house in Danville, in which the first ovariectomy was performed, should be more sacred, not only to the American, but to the entire human race, than any other structure upon the whole American continent.

It has been fashionable for centuries to ignore the real benefactors of the human race, and to rush madly forward with monuments and memorials to statesmen and especially military leaders. This is a remnant of the feudalism that is still in us. It is a legacy from the time when might was right, even in smaller matters, as it still is to a degree in international matters, when we more fondly than we do to-day worshipped pomp and power at the expense of equity and reason. I do not wish to be understood as detracting from the statesman and the warrior, but I do wish to point out the benefits of the work of such

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a man as Ephraim McDowell as compared with that of the very greatest statesmen and military leaders. The molding of a nation, the advancement of a particular people by a wise statesman, and the leadership of a successful army in a just cause are matters that do not admit of any division of opinion. Since, however, many statesmen are forcible but not wise, and many military leaders brave and daring in an unjust cause, as well as a just cause, it is obvious that both harm and good are equally dispensed by these two popular idols. And even when the statesman is wise, and the military leader is fighting a just cause, they affect but one people, and the effect is perhaps for one period, quite enough to justify their activities, I will admit, as we all must. Compare, however, this Ephraim McDowell, whose life has affected all people for all times and in the most important manner, since his work deals not with the fortunes of his fellow-men, but with their very lives.

When Ephraim McDowell, on December 13, 1809, performed, before the time of anæsthetics, and without trained assistants, and the usual conveniences that to-day are considered as almost indispensable, for the first time, the operation of ovariectomy, or the removal of an ovarian tumor, he conferred upon womanhood in particular, and mankind in general, a benefit as great as any that has ever been conferred upon the human race in this or any other country, and in this or any other age. It meant rescuing in time to come, millions of women from a period of suffering and invalidism from which at that time death alone was the only avenue of escape.

I am sure that no one will for a moment dispute the magnitude of this service to humanity, but I am not sure as to how many of us can really measure the magnitude of this deed. Immeasurable as its importance in itself is,

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in the course of time it has proved to be the cornerstone of the entire domain of abdominal surgery.

Since the women were the first, and perhaps are still the chief beneficiaries of his work, it seems entirely natural for the women of Kentucky to rescue the house in which this memorable deed was performed, which has added to the honor and glory of Kentucky more than all her other achievements combined, great as they are.

When this is accomplished, there should be a national or an international movement to erect a monument befitting such services, to the memory of Dr. Ephraim McDowell, of Danville, and Mrs. Crawford, of the County of Green, in the State of Kentucky, the first woman who submitted to the operation.

Doctor McDowell has been more than ordinarily neglected, although the Kentucky State Medical Association did erect in the year 1879 a monument at Danville to his memory. But Mrs. Crawford, to whom common justice should accord honor and glory equal in degree to that of Doctor McDowell, as suggested by Dr. Lewis A. Sayre over thirty years ago, for her courage and heroism in risking her life to have the experiment tried for the first time, has suffered even more neglect. We do not know her full name. We have no picture of her. We only know that she was forty-seven years of age at the time of the operation, and lived thirty-two years after the operation; that she came from Green County some sixty miles from Danville, and returned in twenty-five days as she came, on horseback, free of her immense tumor and entirely unconscious of her future fame.

I am here to make an appeal to you to unite in rescuing from oblivion what should be the most cherished and sacred structure in the entire republic. Even though the house should by some misfortune be destroyed, the spot

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should be memorialized. Considering the fact that throughout the world hundreds of thousands of abdominal operations are performed every year, with more than nine-tenths of the patients recovering, and that this will continue indefinitely, one feels like saying that it would be akin to savagery to ignore the spot where this deed, immeasurable for its good, was consummated.

In closing, I desire to present for your consideration: First, that the women of Kentucky pledge themselves to buy at a fair valuation, this historic structure without any unnecessary delay, and memorialize it as is the custom in all the older countries under such condition; Second, I would suggest the appointment of a committee with a member with full power to act in each Congressional district, to begin raising funds as soon as the preliminary steps towards securing the property, are settled. I would consider it an honor indeed to assist by doing all in my power to help bring about the successful issue of the project.

CHAPTER XIII

REVIEW OF THE CORRESPONDENCE AND EFFORTS TO PURCHASE THE HOUSE—DESCRIPTIVE TEXT OF THE GROUND PLAN OF THE McDOWELL HOUSE.

THE idea was enthusiastically received, and as a result the following resolution was incorporated in the Federation's working plan for the ensuing year:

Resolved, That the K. F. W. C. co-operate with Dr. August Schachner, in raising a memorial to Dr. Ephraim McDowell, by preserving the home of Dr. McDowell at Danville, Ky., as a museum in memory of his skill and the courage of Mrs. Crawford, who submitted to the first ovariectomy.

A committee was created under the name of the McDowell Memorial Committee, and I was requested to become the financial secretary. Difficult as the task was, we entered upon it with all the earnestness at our command. Our work fell into two divisions. The first consisted of securing the funds and the second of purchasing, if possible, the property. Although the idea was enthusiastically received, when the real test came, as it not infrequently happens, the enthusiasm died almost as soon as it was born; in other words, the idea of a committee in each congressional district to co-operate and to solicit funds, thus distributing the burden and the interest widely, was quickly destined to failure. As an alternative we adopted the opposite plan, and endeavored to find one or a few persons who would assume this obligation. We made a personal visit to McDowell's granddaughter, Mrs. William M. Irvine, in Richmond, Kentucky. After hearing a careful presentation of what had already occurred, Mrs. Irvine with an evident degree of eagerness expressed a willingness to contribute thirty-five hundred dollars for the purchase of the house, and if necessary to

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increase this to four thousand; she thought that thirty-five hundred should be sufficient, an opinion in which we fully concurred.

About this time it was rumored that our benefactress would change her mind, as people sometimes do in making pledges. In this case we consider these rumors to have been an injustice to Mrs. Irvine. We say this advisedly, not only because she was so evidently interested in doing something to honor her illustrious grandfather, but since her children had passed away and she was alone and advanced in years, her affections that formerly were divided were now largely centered upon her grandfather, whose memory she idolized beyond expression. In support of this view, we might add that when negotiations with the owner of the property, after being in progress for some months, seemingly began to lag, with a touch of impatience, or perhaps added determination, she endeavored to hasten matters, as the following statement made fully five months after she pledged the money attests:

I have been disappointed, not having heard further from you concerning the McDowell house at Danville. I am a little anxious as I have kept idle in bank between four and five thousand dollars to pay for it, all the while since my interview with you some weeks since.

(Letter of April 11, 1913.)

From this it is plain that this pledge was not to be likened to those spontaneous expressions that are made by individuals of a certain type one day, and taken back the next. Not alone does the continued and consistent interest support the above view, but there were reasons why she quickly aligned herself with the movement and eagerly watched its development. The McDowell house was the object of her tenderest affection, partly because it was the home of her distinguished grandfather

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and the spot where the first ovariectomy was performed and also because it was her birthplace, as well as the birthplace of her elder sister, and her brother, Isaac Shelby Irvine. It was a family custom for her mother to return to her father's house for her confinement, and this custom was carried out in all but the last confinement, the only reason for this exception was that Doctor McDowell had but a short time before passed away.

Furthermore, when a schoolgirl in Danville, she boarded at this house, which according to Mrs. Irvine was then the residence of Mrs. Lettie Rochester, and her son-in-law, Doctor Beattie, who at that time was the president of Centre College. Her letters abounded in such expressions as: "I prefer to buy the place alone; I would wish the donation for myself." . . .

"I feel it to be my duty and ambition as the only child left of Ephraim McDowell to present this property to Danville." . . . "I neglected to tell you the added interest in the dear old place, I was born there." . . . (Letter of February 8, 1913.) . . . "That little side plot was my grandmother's flower garden, and I saw traces of it, her pretty beds when I was a schoolgirl in Danville," etc. . . . "If I should be so fortunate as to secure the old place." . . . (Letter of February 9, 1913.)

We do not feel that we have violated the confidence of Mrs. Irvine in using these extracts from her letters, since she freely used these and other expressions in her conversations, and they only reflect that which was uppermost in her mind and nearest to her heart. It is only through their publication that we can adequately defend Mrs. Irvine from the criticism which we occasionally heard, that it was a capricious promise without any substantial foundation.

Those who are advanced in years, especially when they have reached well into the eighth decade of life, are alone,

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without children, and reputed to be wealthy, are nearly always besieged by all kinds of people with all kinds of schemes, and to this rule Mrs. Irvine was no exception. With most of these people and their schemes, she seemed to have very little patience, and frequently referred to them in a critical vein, but when it came to the idea of buying and memorializing this house, we are sure that this project was an exception, and one with which from the beginning she was in entire accord. Her eagerness and sincerity were so evident in her letters and conversations, and continued to remain so throughout negotiations covering a period of more than a year, that no other conclusion is possible.

When the negotiations with the owner of the house came to an end, owing, as we feared from the beginning, to our inability to reach anything like a reasonable agreement as to price, we felt that the spirit of her offer which had remained unchanged for more than a year, might in the end be made to bring results if we could persuade her to place with some Trust Company five thousand dollars as a nucleus for a fund to build a suitable monument later to her grandfather, either in Washington, D. C., on account of its international character, or in New York City, because of its proximity to the Old World and its cosmopolitan nature. This amount was to be a nucleus, and an incentive for other contributions on this as well as the other side of the Atlantic, until it had grown to a sum adequate for the purpose.

This idea was sympathetically embraced, as the following extract from her letter of Nov. 15, 1913, indicates:

The cause is all you claim for it and much more. *My heart is in it*, if carried out in such a way as to be worthy of the grand object we have in view, and will reflect the credit and renown of Dr. Ephraim McDowell, so well deserved, so long delayed.

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But it was not the house; it was different, it was not so simple, it was complicated, it required co-operation that carried with it dread of disagreements, and responsibilities over details; it was remote in execution, location and nature. Most of all it lacked those tender associations with the house itself, that meant so much to her. Notwithstanding all this she made an effort worthy of applause, but it was attended with such stipulations, all made with the best of intentions, that unfortunately so complicated the movement as to place its consummation beyond the pale of a possibility.

Our answer to these impossible stipulations was a frank and earnest expression of opinion, the same attitude that attracted her when we presented to her our views of the house, but which now instead of attracting her had only the opposite effect. In short it was a different story; it was in fact an entirely different task, too complicated to be grasped, too uncertain to be tried, and with impossible limitations. We realized that we had reached the end. The termination of these efforts impressed us as one of the most melancholy failures we had ever encountered. Here were two figures, the one long since departed and the other still living. The first was one of the foremost benefactors of the human race, the indirect founder of the most brilliant and fruitful division of surgery, a hero of medicine comparable only to the discoveries of vaccination, anæsthesia and aseptic surgery, practically unhonored save for the few efforts which were entirely out of proportion with the importance of his achievements. The second was his granddaughter, a woman fully conscious of the magnitude of her grandfather's work, and equally conscious of the scant recognition and the well-deserved honors long since overdue, in the autumn of her life, eager, anxious, and able to do

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something toward overcoming this neglect, but prevented and defeated through her own inability to reach the conclusion that whatever is done is almost of necessity possible only through a liberal co-operation with others. What, therefore, might not only have been accomplished, but might have been carried out during the lifetime of the donor, under her own supervision, and to her unbounded satisfaction in seeing her fondest wish fulfilled, was defeated by stipulations and conditions that were already impossible, and that were destined to increase correspondingly as the work progressed.

This brings us to the second division of our task, that of reaching a reasonable agreement with the owner of the house. This involved a new brand of trouble, which although simultaneous in its development with the other, differed therefrom in being devoid of any encouragement whatever from the outset, instead of beginning with a bright ray of hope and ending in despair, as was the case of the former.

The owner of the house is Mr. John Gill Weisiger, of Danville, Ky. The methods we pursued, prior to bringing the movement before the public through the Federation of Women's Clubs, have already been briefly but sufficiently explained. Such a plan of procedure for obvious reasons had now reached its limit, so we began negotiations openly and directly with the owner.

The negotiations commenced with the following letter :

Mr. John Gill Weisiger,
Danville, Ky.

June 1, 1912.

Dear Sir:

On last Wednesday I made an appeal to the Federation of Women's Clubs to purchase, if possible at a fair valuation, the old house of Doctor McDowell and memorialize it. It will require much effort on the part of the women of Kentucky to

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raise funds for this purpose. Doctor McDowell has done so much good for the human race that the Federated Clubs feel that his memory should be honored.

It seems to me but natural that his memory should not be neglected, and I therefore write to ask you to kindly state your feelings upon the subject and at what price you would be willing to sell the house in order that it can be memorialized.

Hoping to be favored with an early reply, I remain,

Respectfully,

(Signed) AUGUST SCHACHNER.

After waiting until July 17th, a period of fully six weeks, for an answer, we mailed the second letter:

July 17, 1912.

Mr. John Gill Weisiger,
Danville Ky.

Dear Sir:

On June 1st, I wrote you a letter asking you to kindly express your feelings regarding the sale of the old McDowell house on Second near Main, but I have not received, as yet, any reply.

Certainly a man who has done so much for the human race should not go unhonored, and I am sure this house which stands for so much deserves a nobler fate.

I do not want to believe that you would forego this opportunity to help in honoring a benefactor of the human race, especially as it only means to you the selling of the house at a full and fair price in order that it can be preserved, as it richly deserves to be.

I cannot conceive of anyone's objecting to sell, so long as they will not lose, but in selling will honor themselves by aiding in honoring such a worthy man.

Will you not kindly think this over? It does not mean any loss to you; it means honor to you, honor to your family, your town, your state, and, lastly, to a deceased townsman, who has done so much good in this world. I enclose a stamped envelope.

Hoping to be favored with an early answer, I remain,

Respectfully yours,

(Signed) AUGUST SCHACHNER.

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If our files are correct, and we believe them to be so, this also remained unanswered. During the interim we visited Danville, together with our photographer, Mr. Henry Hesse, and while there we called upon Mr. Weisiger, who unfortunately happened at the time to be in Louisville. We were welcomed by a member of the Weisiger family who had just returned from the East, and in view of observations thus made, this member sympathetically entered into a conversation which quickly turned upon historic landmarks. This was in the latter half of the summer; in September we were favored by a visit from Mr. Weisiger, during which we mutually discussed the project. In this interview we emphasized the salient points and to the best of our ability appealed to him in behalf of the movement, but without bringing forth a definite answer. In the course of this conversation Mr. Weisiger informed us that a physician in Chicago was contemplating the purchase of the house in order to cut it up into souvenirs which were to be sold at the Panama-Pacific Exposition in San Francisco. This bit of information brought forth the suggestion that the public might view such a step in the light of such a sacrilege; that the enterprising doctor might have a job lot of expensive kindling wood on his hands, instead of a stock of valuable souvenirs.

Before Mr. Weisiger's departure he agreed to the promise of a definite answer in two or three weeks. After waiting until October for the answer without receiving any word, we wrote reminding him of this promise. Feeling, in view of this, that the next move was distinctly a Weisiger move, we determined to settle down and await his action calmly.

After a delay of almost four months Mr. Weisiger made the move in the form of the following letter:

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Danville, Kentucky,
Jan. 6, 1913.

Dr. August Schachner,
Louisville, Ky.

Dear Sir:

I have been unable to give you a price on the Doctor McDowell house, situated on 2nd St., Danville, Ky., until now, I am now having it vacated and can give you a price until the 15th of Jan., 1913, and if not accepted, by that time, this price will be null and void, and the house off the market. I think it has a frontage of about sixty-five feet (65).

I enclose under cover our Danville paper, in which you can see the feeling of Mrs. Thomas Jefferson Smith, of Frankfort, at a meeting of the Alumnæ of State University, at Lexington, Kentucky. I will probably be in Louisville the latter part of this week or the first of next.

This price is ten thousand dollars (\$10,000).

If you should conclude to take it, I guess satisfactory payments can be made.

Respectfully,
(Signed) JOHN G. WEISIGER.

Mr. Weisiger's letter received the following reply:

Jan. 10, 1913.

Mr. John G. Weisiger,
Danville, Ky.

Dear Sir:

Your letter of January 6th reached me Jany. 9th. In answer I wish to say that since the Federation of Women's Clubs have pledged themselves, at my suggestion, to memorialize, if possible the McDowell house, it is but fair and proper that I promptly convey the contents of your letter to Mrs. Thomas Jefferson Smith, the President of the Federation.

Your letter was received on the 9th and my letter to Mrs. Smith is mailed on the 10th, so they have four and a fraction days according to your letter, in which to act. It is more than likely that this will be entirely too short a time in which to properly dispose of such a matter. Under what circumstances

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or for what consideration would you grant an option for two or three months on the property?

Awaiting with pleasure your proposed visit, I remain,

Respectfully yours,

(Signed) AUGUST SCHACHNER.

As promptly as possible a copy of Mr. Weisiger's letter and our reply were conveyed to the President of the Federation of Women's Clubs, together with a note of disapproval of Mr. Weisiger's extortionate price.

Mr. Weisiger failed to call "the latter part of the week or the first of the next," as he suggested in his letter of January 6, 1913.

He called about two months later, and in this interview it was made plain to him that nothing like his ten thousand dollar offer would receive the slightest consideration. We believed his attitude unreasonable and told him that unless he changed, we would fully and finally wash our hands of the entire affair. Desiring once more to renew the counter-offer we had made him, we telephoned to the hotel at which we understood he was stopping, but learning that he had not been there, we renewed the offer in the following letter:

Louisville, Ky.,
March 14, 1913.

Mr. John Weisiger,
Danville, Ky.

Dear Sir:

When you left my office I understood you to say you were stopping at the Louisville Hotel, and would be there until the next evening. I telephoned in the morning hoping to arrange another interview with you but was informed that you were not stopping there.

I have been promised thirty-five hundred to four thousand dollars with which to buy the McDowell house. Would you be willing to sell for either of the above figures? Unless I hear

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from you within a week of this date, I will, after working on the project about a year, feel disposed to abandon the thought of memorializing the house, and should any other arrangements be made, Danville will be probably left altogether.

I hope that you will be generous enough to favor the movement for reasons stated in former letters, and I want to believe that you are above trading on the sentiment that the historic value involves. It has been said that, if this house is permitted to pass into oblivion, posterity will point the finger of scorn at Danville for not interesting itself more in the home of its greatest citizen, and foremost benefactor of the human race. I feel with others that the house, as a house, is only worth about twenty-five hundred dollars, and very likely it was bought and is assessed for even less than that figure.

Awaiting your reply, I remain,

Respectfully yours,

(Signed) AUGUST SCHACHNER.

This letter remained unanswered, but in June, 1913, we received the appended letter:

Danville, Ky.,
June 27, 1913.

Dr. August Schachner,
Louisville, Ky.

Dear Sir:

I have concluded to make you this offer if you wish to preserve the McDowell building. My price is \$10,000 (ten thousand dollars). I will donate twenty-five hundred of that amount myself leaving seventy-five hundred. I think the frontage is about sixty feet. I will be in Louisville sometime, I think, this or next week, and if you care to take up the matter you can advise me by mail and I will let you know the exact date I will be there.

Respectfully,

(Signed) JOHN G. WEISIGER.

Since we had made our views so plain to Mr. Weisiger during our last conversation, and reiterated the same in our letter of March 14, 1913, we did not feel called upon

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to pursue the matter any farther, so his letter of June 27, 1913, remained unanswered.

In the latter part of March our final report of the negotiations was transmitted to the President of the Federation of Women's Clubs in the subjoined communication.

Louisville, Ky., March 29, 1913.

Mrs. Thomas Jefferson Smith,
Frankfort, Ky.

Madam President:

Your note of Feb. 10th received. Its delayed answer was occasioned by the unavoidable drag in the attempted negotiations. I regret that, so far as my personal efforts in the movement are concerned, it becomes necessary for me to forego further efforts, so I am making this my last report.

Not wishing to overstep the limits of time and space too much, I mention but the salient points, relying upon my past correspondence to supply such detail as may be desired.

The idea of memorializing this important landmark was not original with me, but I hoped that where others remained inactive that I might, before it is too late, with the co-operation of the Federated Women's Clubs of the State, succeed. I naturally looked to the women because they were McDowell's first beneficiaries.

It is now more than a year since I took up the work, and during this period the best part of the time I could spare from a fairly busy life was dedicated to the effort. Aside from the time and labor which were easily the greatest toll, the expense account reached close to the five hundred mark.

During this time a kindly sympathy was shown me by Mr. John A. Quisenbury, of Danville, for which I feel very grateful. No other aid, however, bearing upon the movement to memorialize the house by the Federation was I believe rendered me.

I purposely carried on the work single-handed for the first six months, or until my communication with you of November 19, 1912. Since that date, I have been hoping to see some real signs of activity from other quarters. In view of the pressure from other important matters, I feel unable to give the movement further active interest, still hoping, however, that from

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the Kentucky Federation of Women's Clubs, the large and illustrious number of descendants of this public benefactor, and the people of Danville, if not the State of Kentucky, some one or all will arise equal to the emergency of honoring the greatest of all Kentuckians, if not the greatest of all Americans.

I am enclosing the last letter to John G. Weisiger, which as yet he has failed to answer. The paper upon McDowell will appear in May and I will be pleased to send you a few reprints.

Thanking you very kindly for your personal efforts in the matter, and heartily wishing the movement every measure of success, I remain,

Respectfully yours,

(Signed) AUGUST SCHACHNER.

To this fairly complete review there is but little more to be added. It has been conservatively estimated in Danville, that, aside from its historic value, the house was worth about \$1500.00, yet the maximum of \$4000.00 was offered and refused. It is our impression that at the time that these offers were made it yielded a gross revenue of \$22.00 per month in rental. If the maximum amount offered for the house had been accepted and properly invested, it would in all probability have yielded a better net return than the house did at a rental of \$22.00, not to mention the increase in the capital involved, as represented by the difference between \$1500.00 and \$4000.00.

In the absence of the sentiment involved, which we believe should be above commercialization, the offer was considered by those competent to judge a very liberal one.

Explanations alike in tone were freely offered, bearing upon our inability to reach an agreement, and with these we were fully in accord, but we doubt, however, if these explanations will be sufficient to spare the citizens and the civic influences of Danville from the criticisms that in all likelihood will sooner or later arise.

There was a time when the McDowell house did not

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belong to Mr. Weisiger, and if we bear in mind that Mr. Weisiger is also the owner of the dignified old statehouse which is in an equally grimy condition, it is evident that Mr. Weisiger owns about everything that is left in Danville of a historic nature, which is worth owning. In view of this, it is difficult to escape the conclusion that Mr. Weisiger is perhaps after all about as public-spirited as the average citizen of Danville, and that he differs from his fellow townsmen mainly in being more keenly alive to the relative values, especially in real estate, that exist in his community.

It would seem that in a community so teeming with history, and fortunately possessing such a splendid moral force as Centre College, that this institution would in itself have insured the preservation of the rapidly fading historical atmosphere in which this place abounds. To have essayed successfully such a rôle would have been at one and the same time an index of its culture, and an asset in its prosperity.

Notwithstanding the neglect and degradation to which the house has so long been exposed, it is still a dignified old structure that would attract attention, place it where you will. What its future will be is difficult to say; possibly some night, as the outcome of revelry, it will take fire, and then its existence will be a mere matter of history. So far as its preservation is concerned, much as we should hail such an event, it seems now more remote than ever. After a lapse of eight years, we had occasion to motor to Danville, and during this visit we gave the house another careful study. Since our last visit, the house had continued its downward course until it has reached a point where it now seems almost beyond redemption. The room that served as the original office of McDowell is

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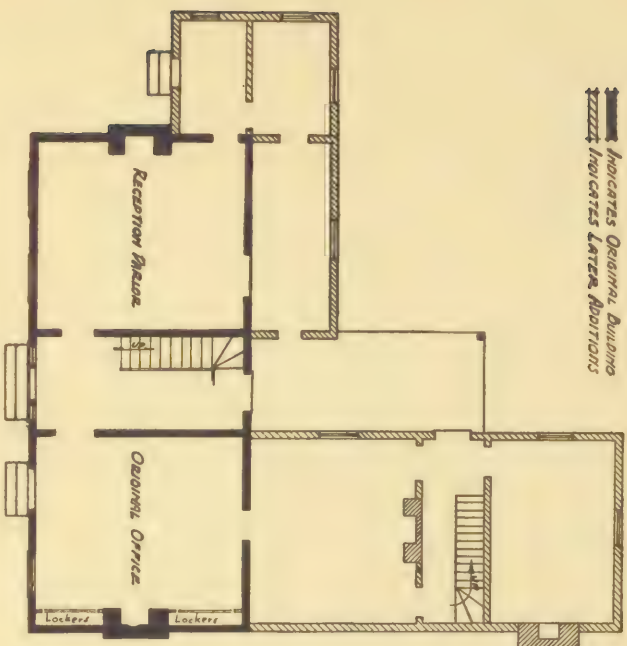
now used as a shoe-shining booth for negroes. The room in the rear of the corresponding front room on the second floor, which is on a lower level by several feet, is used as a dump for the ashes from the grates of the rooms on the second floor. So far as the occupants are concerned no remarks are necessary.

The original building, although of wood and erected about a century and a half ago or possibly more, is still in a somewhat serviceable state. However it can hardly be expected to continue in this badly neglected condition much longer. From the increasing rapidity of its downward course, its end may come at any time. Feeling that a diagram of the house, in addition to the photographs, would be of interest and value to future students, we availed ourselves of the generous services of Mr. Frederick Erhart, an architect of Louisville, who kindly drew the accompanying plans of the structure.

In addition to these drawings, a few descriptive remarks are needed in order to preserve this accurately for future purposes. The original structure consists of a four-room frame dwelling—assuming that the hall room on the second floor was an afterthought—with a cellar and an attic. The brick additions are of a later period and may have been added at different dates. The inspection of the cellar and the attic was well worth the trouble, inasmuch as they revealed the peculiarities of construction in vogue during the earliest period in the settlement of our state.

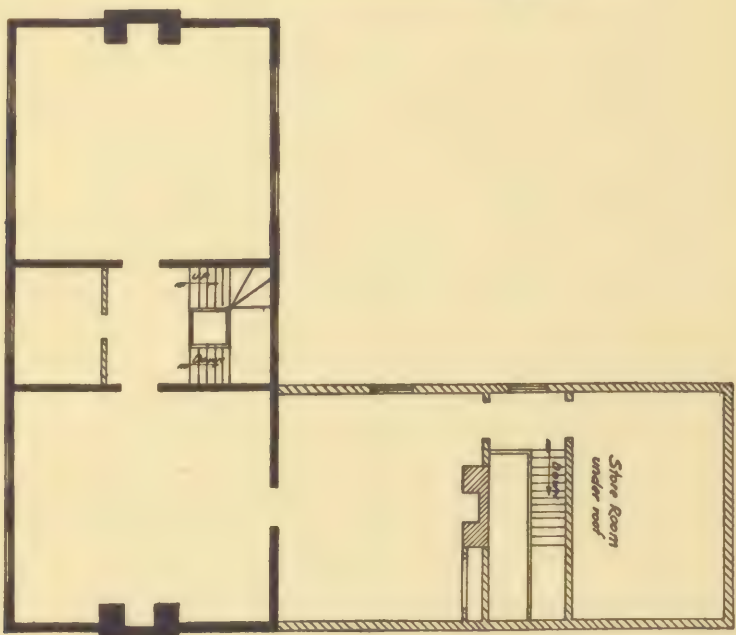
The former, which continued the length of the building, was used for storage purposes, and the latter could have served the same end, but under stress of circumstances might have been, and probably was, employed as a dormitory. It had a moderate-sized window at each end, was without partitions, and had a fairly high but sloping top that remained unsealed.

 INDICATES ORIGINAL BUILDING
 INDICATES LATER ADDITIONS



First Floor Plan

Plan of McDowell house. Ground Floor. Heavy lines indicate original building, shaded lines later additions.



Second Floor Plan

Plan of McDowell house. Second floor.

PLAN OF THE McDOWELL HOUSE

On the ground floor were two rooms separated by a hall. The room to the right, at one time, undoubtedly served as McDowell's office, and the one on the left is equally certain to have served as a reception parlor. On the second floor we have two rooms corresponding to those on the first floor. There is a hall room on the second floor which corresponds to the middle front window. Mr. Erhart considers this an afterthought and not part of the original arrangement of the building.

Originally there was but one front entrance, with two windows on each side; later on one of these windows was converted into a second entrance. The windows were large, and each sash contained twelve moderate-sized lights. The cellar was walled in with masonry. There was a rear porch that later on was converted into a room. The additions are of brick and most likely represent different dates in their construction. The larger one adjoining the right half of the building was probably erected first. The first floor of this addition consists of two rooms separated by an open hallway. This hallway served as a vestibule to a staircase leading to the second floor and contained a door leading into the room just behind the office. This room probably served as a dining room. The rear room in this addition undoubtedly was the kitchen. The second floor consists of a room and a loft, or store room, separated by a hall and stairway. The loft was over the kitchen, and the room adjoining the front room of the frame building was the one referred to as an ash dump.

The small brick addition, located to the left of the building and probably of later construction, is unequally divided into two small rooms connected through a doorway. The front or the larger of the two is connected with the reception parlor, and the rear room is connected with the covered porch.

This brick addition has been regarded by many as his operating room, and the particular spot where the first ovariectomy was performed.

In the drawings the doors are shown as open spaces, and the windows by the horizontal shading. These drawings do not include his later office, which was a separate one-story brick building to the right of the original frame structure, and is now being used as a negro pool room. There was no cellar under any of the brick additions.

At present this shrine serves the inglorious purpose of affording a small rental to the owner on the one hand, and a few miserable souvenirs to the curious public on the other hand. Occasionally a more liberal fragment of its woodwork is removed for the purpose of making a gavel for the use of some medical society. There is a certain type of individual, who feels and acts as though this house and its historic analogue, the first capitol of the state, were built expressly to supply wood for the making of gavels to be used, in the one case for conducting medical meetings, and in the other, to serve a similar rôle in legal societies. It was rumored that one of the mantels was removed to a private institution in the town, and that the doorway has more than once been considered in connection with some of the attractive homes of Danville.

Although such foibles in human nature are hardly to be commended, we will defend the removal of the door-knocker, and its presentation to Dr. Samuel D. Gross. In the first place, since the neighborhood has deteriorated to such a degree, it might have been removed without permission, and for no other reason than the commercial value of the metal or the novelty it possessed. Secondly, if any single person was entitled to it, it was Samuel D. Gross, who did more to defend the claims of McDowell and to honor his memory than any other individual.

PLAN OF THE McDOWELL HOUSE

In bringing this study of Ephraim McDowell toward a close, and before passing to the heroine in this drama that was fraught with such benefits to humanity, and that is so inseparably blended with the art of surgery, we are unable to refrain from expressing the hope that the foregoing lines will act as a stimulus to others to continue this study; and to accomplish some of the endeavors that have been attempted in the past, but failed.

If the present work should in any way aid, or lighten the burden of others, who we hope will follow in the footsteps of those that have in the past dedicated themselves to this task, it will add greatly to the pleasure which this undertaking has afforded us.

CHAPTER XIV

JANE TODD CRAWFORD, THE HEROINE OF THE FIRST OVARIOTOMY

ONE of the most notable features in connection with the first ovariectomy is the completeness with which the heroine has disappeared from view, although it is true that McDowell himself has faded out until but little more than the mere outlines of his life remain.

There is usually a lapse of time following the death of one, more or less entitled to fame, before the history of his life is reduced to writing. His contemporaries are so close to him and feel so familiar with all details that it is not considered necessary to set them down. Moreover, unless it is delayed too long, biography is frequently best accomplished through the next generation who can write from a clearer point of view. A biography is after all but the history of an individual life, and since history is never revealed in its entirety at any particular period or to any particular person, it is obvious that it takes both time and persons to secure a well-rounded history on the one hand, and, what is of equal importance, the correct relationship between individuals and the events that preceded and succeeded the history involved, on the other hand.

His contemporaries, and the generation that followed McDowell, who gave us those first few sketches of his life, could not fully realize at that time the intricate and marvelous development of abdominal surgery, which was the logical outcome of the discovery that the peritoneal cavity could under proper precautions be surgically invaded.

This discovery, which was so promptly recognized by the English, was almost entirely overlooked by his own

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countrymen; at least a very careful survey of our literature supports such a belief. Hence, most of the early sketches, judged from this viewpoint were not only made prematurely, but seemingly were largely based upon information transmitted from his generation to the next, and apparently accepted without any reservation, or special effort at verification. This to a considerable extent explains the origin of the conflicting dates, statements, and omissions, which were accepted as final and transmitted from one writer to the next in the form in which they were received.

If this applies to McDowell, it is but reasonable that the same obscurity should apply in even a far greater degree to Jane Todd Crawford, whose rôle, however important, was after all, if not secondary, at least, the passive one in comparison with that of McDowell's. Here we have an explanation of how Jane Todd Crawford, in all but name, gradually disappeared until she was referred to from one writer or speaker to the next merely as Mrs. Crawford, of Green County. In short, she was as completely ignored as circumstances permitted; she was only mentioned whenever it became necessary to do so in order to discuss the first ovariectomy intelligently, and after that all interest ceased. While this omission of all but name was an injustice to the heroine, and while this neglect involved McDowell as well as Jane Todd Crawford, we had hoped that after attention had been called thereto, it would cease, and that she would at least receive her proper place in history, if not some semblance of the recognition to which she was justly entitled.

In the paper upon McDowell, which was read before the Johns Hopkins Historical Club, and published in the Johns Hopkins Hospital Bulletin of May, 1913, we included a brief sketch of the heroine, relying upon a

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future occasion, when more time and space were available, to present the results of our investigation upon this subject adequately. In the above paper this neglect, as well as the condition into which the McDowell house had fallen, was plainly brought out. We had hoped that since this duty of calling attention to these defects, although not exactly a pleasant one, had been fulfilled without evasion, future writers would be influenced thereby, and would co-operate in presenting the story as it exists with all of its features, favorable and unfavorable, included. This would represent a true history, in contrast to the presentations of the subject so typical of the past, which has usually included only such features as appealed to the writer.

When we began receiving communications such as the appended letter, and in our answer had emphasized the shocking condition into which this shrine had fallen, our hope in an awakened consciousness was renewed.

KENTUCKY STATE MEDICAL ASSOCIATION

Bowling Green, Ky., May 16, 1916.

Dr. August Schachner,
Louisville, Kentucky.

Dear Dr. Schachner:

You will be interested to know that there has recently come into my possession an original letter of several pages, written in 1829, from Ephraim McDowell to a medical student then in Philadelphia, giving a full account of the circumstances under which his first ovariectomy was performed and the facts in regard to ten other cases. Before framing this letter for permanent preservation in the Historical Society or elsewhere, I am having a facsimile of it made for publication in an early issue of the *State Journal*, together with Doctor McDowell's picture, a picture of his home, and such other data as may be available and pertinent.

JANE TODD CRAWFORD

Knowing that you prepared a paper on this subject for the Johns Hopkins people, I am writing to ask if you could be kind enough to send this to me and to put me in the way of finding such cuts or other kindred matter as would be of interest to the profession.

Thanking you in advance for any assistance and advice you can give me in regard to this matter, I am,

Yours sincerely,

(Signed) J. N. McCORMACK.

Dr. J. N. McCormack,
Bowling Green, Ky.

May 17, 1916.

Dear Doctor McCormack:

Your letter of the 16th received, and in answer will say that it is a pleasure to send you a copy of the McDowell address before the Johns Hopkins Historical Society. You will find in this a fairly concentrated statement of the case.

Every effort to do justice to a benefactor of the human race should be encouraged, especially when he is a member of the Medical profession, since the importance of our work is so commonly ignored.

I am sending the photo of his Danville residence in which the operation was performed, showing the submerged condition to which this shrine, that so richly deserves the reverence of the human race, has fallen.

I would very much appreciate a copy of the *Journal* containing your article on McDowell, as well as any information on the subject you may convey.

Wishing you much success, I remain,

Sincerely yours,

(Signed) AUGUST SCHACHNER.

Unfortunately, however, the story of this hero as recorded in the Historical Number of the *Kentucky Medical Journal*, is hardly more than a recognition of one of the greatest of all surgeons, and as for any interest in the submerged shrine emphasized in our letter, or any justice

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to Jane Todd Crawford mentioned in the paper read before the Johns Hopkins Historical Society, we regret to say that our suggestions were not followed. It is strange that there should remain any indifference upon these two features after attention has been directed thereto, and equally strange that explanations should be necessary in order to establish Jane Todd Crawford's claims to something like an adequate recognition.

History affords isolated instances in which women submitted to heroic surgical measures under somewhat similar conditions to that of the first ovariectomy, notably in Caesarean section, ectopic gestation, intestinal obstruction, and other abdominal conditions, but in none of these did the benefits extend beyond the immediate person concerned. They were not attended with any beneficent influence that expanded through time, certainly not such as in the case of Mrs. Crawford, that led not alone to the emancipation of her sex from one of the most distressful and fatal conditions to which they might be exposed, but to the eternal advantage of all ages, sexes, and races for all time to come and to a degree that surpassed the wildest dreams. The mere fact that she was the principal beneficiary in the first ovariectomy hardly absolves the succeeding generations from ignoring the debt of gratitude they owe to her. It was through her heroism that primarily ovariectomy, and secondarily abdominal surgery with all of its ramifications became possible. Since this contributed to the lasting benefits of the public in general, and the profession in particular, it would be nothing short of ingratitude to ignore the claims of Mrs. Crawford as being in keeping with those of the hero, especially if we remember that the idea of ovariectomy did not originate with McDowell.

This deed, which liberated not alone her sex, but the

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whole of mankind from an amount of invalidism and premature death beyond all human calculation, was made possible by Jane Todd Crawford's successfully balancing her heroism against Ephraim McDowell's genius. On this priceless gift is based the enduring obligation that humanity owes to Ephraim McDowell and Jane Todd Crawford.

In his first public communication McDowell himself unconsciously recognized Mrs. Crawford's share in the glory when he spoke of her as "willing to undergo the experiment," which remark she made after he had frankly explained to her the gloomy outlook. If there was nothing more than her heroism, her entire willingness, and her insistence on trying the experiment, this together with the difficulties and dangers that attended her from the time that she left her home until she returned, these were quite enough to inspire McDowell and to entitle her to a share of the glory. The encouragement that Mrs. Crawford could not help giving to McDowell through her outspoken willingness to attempt the "experiment," notwithstanding his discouraging explanation, adds greatly to the importance of the rôle she assumed upon that memorable occasion.

Nor is this the first public recognition of her claims. Dr. Lewis A. Sayre, as President of the American Medical Association, referred to these in his address delivered during the memorial exercises held in Danville in 1879.

Doctor Sayre, after the following tribute to the hero:

I venture here the prediction that in all time to come the intelligent surgeons, either in person or in thought, from every part of the civilized globe, will wander here to Danville to pay their respects and sense of obligation to the memory of Ephraim McDowell, who has contributed more to the alleviation of human suffering and the prolongation of human life than any other member of the medical profession in the nineteenth century

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—refers to the heroine by saying:

Another fact strikes me very forcibly, Mr. President, and that is, the heroic character of the woman who permitted this experimental operation to be performed upon her. The women of Kentucky in that period of her early history were heroic and courageous, accustomed to brave the dangers of the tomahawk and scalping-knife, and had more self-reliance and true heroism than is generally found in the more refined society of city life; and hence the courage. Mrs. Crawford, who, conscious that death was inevitable from the disease with which she suffered, so soon as this village doctor explained to her his plan of affording her relief, and convinced her judgment that it was feasible, immediately replied, "*Doctor, I am ready for the operation; please proceed at once and perform it.*" (Italics my own.) All honor to Mrs. Crawford! Let her name and that of Ephraim McDowell pass down in history together as the founders of ovariectomy!

When it came to unraveling the history of Mrs. Crawford, it is impossible to describe adequately the apparent hopelessness of the task with which we were confronted. Where confusion and contradiction existed in the story of McDowell, a state of complete vacuity presented itself in regard to Mrs. Crawford. Writing to Green County, Ky., whence she came, was like trying to correspond with someone in another planet, and going further back to Virginia, the earliest home of the Crawfords, only added to our discouragement.

In a private correspondence with Mr. Jos. A. Waddell, of Staunton, Virginia, we were informed that the Crawfords are numerous in Augusta County, and have been so from the earliest settlement. In ferreting about, traces were discovered indicating that the Crawfords moved to the neighboring state of Indiana. Beginning with a residence opposite Madison, on the Ohio River, then Madison, Bloomington, a settlement on the Wabash

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River, and Logansport, all of which served as places of residence after the Crawfords left Green county, nothing definite except the merest indirect allusions supporting the foregoing residing places could be obtained.

It was in our inquiry upon McDowell, which involved an extensive correspondence, that the name of Miss Amelia M. Crawford occurred. The address of Miss Crawford was promptly obtained and a correspondence entered into. We found that she resided in Covington, Ky., and was the granddaughter of the heroine. She favorably remembered Dr. Samuel D. Gross, the benefits of whose surgical skill she had received.

After an extended correspondence we had the pleasure of occasionally having Miss Crawford as our guest during her annual visits to her friends and relatives in Louisville. Although well in the eighth decade of life, she was wonderfully active, and possessed mental faculties absolutely unimpaired. In point of courage, optimism, and the soundness of her philosophy of life, she was altogether an exceptional personality. After meeting Miss Crawford you would be able to appreciate, in a degree, the aid which her well-balanced and courageous grandmother must have rendered McDowell when he undertook the all-important "experiment." Miss Crawford co-operated patiently and earnestly in developing the history of her grandmother. Her most important step was bringing about an exchange of letters between her cousin Mr. J. Knox Mitchell, a lawyer of Osborne, Kansas, and the author.

Mr. Mitchell, who is a grandnephew by marriage of the heroine, deserves the greatest praise for the patience and persistence with which he continued the task. Without his assistance the success of our endeavors would have been extremely doubtful; and the credit for finally discovering the grave of Mrs. Crawford, which will be

referred to more in detail farther on, is in our judgment due more to the efforts of J. Knox Mitchell than anyone else.

In recording the meagre results of our inquiry into the genealogy of Jane Todd Crawford, we have advisedly included many details in order that our method of reaching these conclusions may be more evident, and may also aid others, who may be desirous of checking up our results or of continuing our investigations.

The father of Jane Todd Crawford was Samuel Todd, who was the sheriff of Botetourt County, Virginia, in 1791 and 1792. Of the mother of Mrs. Crawford we have, so far, been unable to secure any trace. The family of Samuel Todd consisted of six daughters and two sons. The daughters were Lydia, Jane, Polly, Ella or Alice, Sarah, and Hannah; and the sons were John and Samuel. They all married and removed to Kentucky, where most of them reared their families and spent their lives. Jane and Sarah migrated to Indiana, where they died, the former at Graysville and the latter at Southport. Hannah removed to Tennessee, near Knoxville. The family Bible passed into the hands of the Rev. James Crawford, the son of Jane Todd Crawford. During the residence of the Rev. James Crawford, at Graysville, a fire destroyed his home and the family Bible was lost.

In our efforts to trace the origin of the Todd family, a task that represents an undertaking in genealogy of no small proportion, and upon which some of its members have been engaged for years, we encountered in the National Encyclopedia of American Biography, Vol. XIV, p. 204, this concise statement:

The three oldest and most numerous representatives of the Todd family in America, those of Virginia, Connecticut and Massachusetts, all emanate from the West Riding of Yorkshire, where they were closely related. Robert founded the Virginia family in 1622.

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Although Samuel Todd, the former sheriff of Botetourt County, is probably a descendant of this line, of this we have so far failed to find any confirmation. The exact relationship between the various families bearing this name is beyond the province of this work. Therefore, we are unable to say definitely whether or not a relationship exists between the family of Todds who were the ancestors of our heroine, and that of the ancestors of the Todd family into which Abraham Lincoln married. By some of the Todds it is claimed that these families are related, and by others the relationship is denied.

Unfortunately the same incomplete and indefinite state exists with reference to the Crawford side of the house. In a recent number of *The Journal of American History*, Vol. XII, No. 3, the origin of the Crawford family is given by Mabel Thacher Rosemary Washburn, from which the following abstract was prepared.

Mabel Thacher Rosemary Washburn.

The surname of Crawford, which represents the family that, ever since the period of the Norman Conquest, has held so high a place and achieved such historic distinction in the chronicles of Scotland, is derived from the Barony of Crawford in Lanarkshire.

The clear pedigree of the family begins with one Leofwine, whose birth-date cannot be placed much later than the year 1000. He was evidently of Danish blood or ancestry, and lived probably in that part of England known a thousand years ago as Northumberland, which then included a far larger territory than the present English County of the name—Yorkshire, Lancashire, and Durham being then a part of the Kingdom of Northumbria, in which the Danish element was strong among the population, and over which, up to the Norman Conquest, Dane-English Earls ruled as practically independent sovereigns. The part of Northumberland in which Leofwine lived was perhaps Yorkshire, for in the Domesday Survey of William the Conqueror, made in 1086, there are many reference to Tor or

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Thor, who may have been the "Thor Longus,"—Thor the Tall—who was the son of this Leofwine. Scottish antiquarians in the Eighteenth Century had discovered the existence of Thor Longus as an ancestor of the Crawford family; but that he was the son of Leofwine is first made known in this present paper, and, for that reason, the evidence of the relationship is herewith given at some length.

There is preserved in the archives of the Cathedral of Durham, among the documents of the reign of King Edgar, the following Charter given to the Cathedral by Thor Longus, ancestor of the second known generation of all the Crawfords of Scotland and America:

This Charter confirms by a formal statement the fact that Edgar, King of Scotland, gave to Thor Longus the land of Ednaham, then a waste, unsettled place, which Thor Longus, partly by his own means and partly by the aid of others, colonized, and on which he built a church, dedicated to God and Saint Cuthbert, which church, together with one "carrucate" of land—about one hundred acres—he gave in perpetuity to the monks of Saint Cuthbert, that is, to the monks connected with Durham Cathedral; and this donation was made as an act of devotion and petition for the blessing of God upon the King, Edgar, and on the King's parents, "and for the redemption of Leofwine, my most beloved father," and for his, Thor's, own good both of body and soul.

It is probable that Leofwine and Thor Longus were of mingled Danish and Saxon blood, as was the case with most of the Anglo-Danes of the period.

After the Conquest, the Northumbrian nobles refused to submit to the Norman rule, and also helped to harass the Conqueror's forces by joining with the Danish invaders who were then seeking new footholds in the land. William fought fiercely against the Northumbrians and they fought back as fiercely. It is said that the King, using his favorite oath, "swore, by the Splendor of God, that he would not leave a soul alive. And . . . he ravaged their country . . . that for sixty miles together he did not leave a single house standing." (Rapin, I, 172.)

Thor Longus, with other leaders, was expelled from Northumberland, or, it may be, went voluntarily to join the armies of the King of Scotland against King William. The exact date

JANE TODD CRAWFORD

of his settlement in Scotland is unknown. It is believed to have been between the years 1069 and 1074. As has been seen, from the Charter to the monks of St. Cuthbert, he received lands in Scotland during the reign of King Edgar, 1097 to the beginning of 1107.

Thus may be placed, at the head of the Crawford pedigree, Thor the Tall, or Thor Longus, son of Leofwine, the holder of lands in Scotland during the latter part of the Eleventh Century. Edinham—Ædnaham of the Charter to the monks of St. Cuthbert—was his during the reign of King Edgar. It is in the present Shire of Roxburgh, and is not far distant from Crawford.

From the ancient family of the Crawfords of Ayrshire, Scotland, came to America JOHN CRAWFORD, first of his line in this country. It is believed that he arrived in Massachusetts about 1672. From Massachusetts he went to Long Island, later making his home in Middletown, Monmouth County, New Jersey. He was in Middletown by 1678, when on December 11 of that year, Richard Gibbons and his wife deeded to John Crawford a house and land in Middletown. That same year he was granted license for maintaining an ordinary or tavern at Middletown. He bought large tracts of land.

Again, we are unable to prove definitely that the Crawfords with whom we are dealing descended from the foregoing house, although this claim has been made.

Jane Todd Crawford, who so justly deserves to share with Ephraim McDowell the honor and glory of the first ovariectomy, was born in Rockbridge county on the 23rd of December, and in our belief in the year 1763. Most likely she lived out her seventy-eighth year and was in her seventy-ninth year, as the inscription on her tombstone suggests. In this event the year of her birth would be 1763. Some have given the date of her birth as 1761, but this is probably an error, as it would make her more than eighty years of age at the time of her death.

Since the Mitchells, to whom she was related, and with whom the Crawfords migrated to their future home in Green County, Kentucky, lived in Rockbridge County,

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Virginia, at the junction of Buffalo and Broadcreek, about six miles from Lexington, it is reasonable to assume that the Crawfords possibly lived somewhere in the same vicinity.

It is deserving of comment that the homes of both the hero and the heroine, from the time of their births, to a brief period after the operation, were never more than a short distance apart. Of her early life even less is known than of McDowell's, but it is entirely reasonable to sup-



The Crawford Cabin in Green County, Kentucky

pose that it was as commonplace as that of any of those simple, modest country folk who lived in this picturesque and fertile frontier section of our young but growing country.

From one of the letters of Mr. J. K. Mitchell, we learn that Thomas Crawford married Jennie or Jane Todd, January 9th, 1794, the Reverend Sam Houston officiating.

Thomas Mitchell, who was born on June 16th, in the year 1768, in Virginia, and who on February 12, 1799, married Rachel, the sister of Thomas Crawford, joined with the Crawfords, Thomas and Jane, when they

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migrated to Green County, Kentucky, in the year 1805. The dangers from the Indians were not entirely over, and for that reason as well as on account of the hardships and difficulties common to a wild and undeveloped state, immigrants were inclined to move about not singly but in groups. They settled nine miles southeast of Greensburg, the county seat of Green County, at the former post office of Camp Knox, arriving there November 5, 1805.

The Crawford home was located on the Blue Spring branch of the waters of Caney Fork. From Mr. J. A. Mitchell, who lived on the Crawford farm, and who kindly examined the records, we learn that Thomas Crawford and his wife, Jane, transferred to John Motley, four hundred and twenty-seven acres of land for \$1900 "Cash in hand," on December 8, 1810. This was one year after the operation. The land was afterwards known as Motley's Glen. Mrs. Crawford had been living there for about four years prior to the operation.

There were five children born of the union of Thomas and Jane Todd Crawford, and all before the operation. There were no children born after the ovarian operation. The children included three sons and two daughters, one of whom died while young, and by some has been overlooked. Those that survived are James Crawford, born November 23, 1794, who became a Presbyterian minister; Alice Crawford, born April 20, 1797, who married William Paul Brown; Samuel Crawford, who was born February 21, 1799; and Thomas Howell Crawford, the youngest, who was born March 1, 1803. Of the daughter who died while young there is no available data, and some even doubt that there was a fifth child.

When the Crawfords left the vicinity of Greensburg

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in 1810, a year after the operation, it is not definitely known whether or not they moved directly to Indiana.

There are several more or less vague references that would incline one to the belief that they did not move directly there, but for a time lived on the Kentucky side of the Ohio River, about opposite their first Indiana home. At least there is a gap of seven years between the time that they left Green County and the time of their settlement in Jefferson County, Indiana, and it was during this time most likely that they lived in Kentucky, just across the river from Madison.

Why they became dissatisfied with Green County and moved to Indiana is not known, unless the suggestions in some of Mr. J. K. Mitchell's letters answer the question.

Speaking of Thomas Crawford he says:

He must have been rather an exception as a business man to acquire the property he did in that early day, as he was a slave owner as well as a large land owner in Kentucky. He left Kentucky on account of his conscientious convictions against slavery, and instead of selling his slaves, he set them all free. (Letter of February 21, 1913.)

In the next letter he says:

The statement that he left Kentucky on account of his convictions on slavery is also a tradition in the family. I do not know any authority for it other than this tradition. I never heard of it in my boyhood. I lived with Uncle John Mitchell, Green County, Kentucky, who was a very strong anti-slavery man and was called an abolitionist in old days, but he never said much about Thomas Crawford. (Letter of March 12, 1913.)

In 1817 the Crawfords moved to Indiana, settling in Jefferson County just outside of the city of Madison. Here Thomas Crawford lived until his death in 1830. At the time of their arrival, the land on which they settled

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was in a primitive and uncleared state. Through the clearing of this land he lost his life. He stepped out one night to watch the burning brush, and while moving about, fell into a cellar-way and was instantly killed. Thomas Crawford represented Jefferson County in the Indiana legislature that convened November 27, 1820, and adjourned January 9, 1821. His grandson, the late Mr. James C. Brown, of Morning Sun, Iowa, informed us that after the death of his grandfather, the farm passed into the hands of his father, Mr. William Paul Brown.

His grandmother, the heroine, continued for a number of years to make her home with her daughter, Alice Crawford Brown. After the lapse of some years she left the home of her daughter, whose family still resided on the farm, and moved to the home of her son, who lived at Graysville, Indiana. She died at this place.

In our research evidences were discovered indicating that she may at one time have lived in a settlement on the Wabash River, presumably Logansport, and also in Bloomington, Indiana.

The reference bearing upon her residence in a settlement on the Wabash occurs in Dr. S. D. Gross' report, "Report of the Committee on Surgery." Trans. Ky. State Med. Soc., 1853, to-wit:

It will not be uninteresting here to state that Mrs. Crawford, at the time of the operation performed upon her by Doctor McDowell, lived in Green county, Kentucky, from whence she removed, sometime afterwards, to a settlement on the Wabash River in Indiana, where she died, March 30, 1841, in the seventy-ninth year of her age. There was no return of her disease, and she generally enjoyed excellent health up to the period of her death. She had no issue after the operation. Her youngest child, our worthy citizen, Mr. Thomas H. Crawford, who has

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kindly communicated to me these facts, was born in 1803, nearly, or quite, six years before the operation.

This would suggest a possible residence with her son, Samuel, who lived in Logansport on the Wabash, and who died in the year 1843. Or she may have lived for a time with her son Samuel before taking up her residence with her son, the Rev. James Crawford, at Graysville, the place where she passed away.

The clew indicating that she may at one time have resided in Bloomington, Indiana, occurs in the "Report of Improvements in Art and Science of Surgery," by Joseph N. McDowell, read before the American Medical Association, 1860. It is in the form of a letter in answer to Dr. Joseph N. McDowell's inquiry: To whom is the credit of the first ovariectomy due? The heading reads Bloomington, Indiana, August, 1824.

The only suggestion that we met bearing upon her appearance came from her grandson, James C. Brown, and this is but a meagre description. He briefly says, "As I remember her, she was of medium height, and weighed probably 200 pounds or more." As daguerreotypes were not introduced into the United States until shortly before her death, it is not likely that any photograph of her was ever taken, and still more unlikely is the idea of a portrait. Hence we may abandon the thought of ever securing a likeness of this woman whose life meant so much to succeeding generations.

Her children became worthy members of the communities in which they resided. The youngest, Hon. Thomas Howell Crawford, occupied the chair of the Chief Magistrate of Louisville, in 1859-60.

From a personal letter of Judge James S. Pirtle we take the following tribute to her son:



Hon. Thomas Howell Crawford, who served as Mayor of Louisville in 1850-60.
He was the youngest of the family of Thomas and Jane Todd Crawford.

JANE TODD CRAWFORD

Hon. Thomas H. Crawford was Mayor of Louisville in 1859-60. He was no doubt often a member of the City Council. His upright character, industry and business ability made him prominent and commanded the confidence of his fellow citizens. After 1860 he was principally occupied in the management of estates committed to him by the County Court as administrator, or executor, or guardian. Mr. Crawford was a large man with a large, rather bald head, smooth shaven, a very benevolent and intelligent countenance, very neat in his address and of quiet manners. I suppose he must have lived to 65 years of age. He had his home in the country, at Pewee Valley, I think. His home was lighted by gas. There was something wrong with the gas machine, and he and a member of the family went into the cellar to see about it. An explosion occurred. Both of the persons were burned, and Mr. Crawford fatally. (Letter of November 13, 1912.)

His tragic death bears a strange resemblance to that of his father, who also lost his life through an accident.

A critical inquiry failed to throw any light upon the attitude that Mrs. Crawford assumed towards the operation, other than that reflected in her actions. All details relating thereto are lost. The conclusion that is scarcely avoidable is that after hearing a frank statement of her condition, and realizing the hopelessness of the outlook, and the rapidly approaching invalidism, she did just what would be expected of any well-balanced, courageous woman. She submitted and took her chances in a throw in which she had nothing but a painful state of invalidism to lose, and reasonable chances to gain an extended lease on life.

Her judgment was as good as McDowell's, and her courage and fortitude were the equal of his courage and genius; and why they should not evenly divide the honors, we are unable to understand. It seems but reasonable and equitable to consider any and every

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movement that involves the honoring of Ephraim McDowell without correspondingly honoring Jane Todd Crawford as unjust and incomplete.

No attempt at evasion, based upon the thought that she submitted to escape a distressful and otherwise fatal condition in which she found herself, and that she yielded as a last resort, or anything akin to these suggestions can possibly be justified if we fully and fairly consider her claims. Neither operator nor patient at the time had the remotest conception of the significance and importance of the step. Each was inseparable from the other in its performance, hence they both deserve the eternal gratitude of posterity, and some adequate expression of this debt of gratitude and this honor which has been so grossly ignored and so ungratefully withheld.

Through the kindness of Mr. J. A. Mitchell, we secured a sketch of the humble log cabin where Mrs. Crawford resided when McDowell was called into the consultation over her condition. From this sketch the accompanying plate was prepared.

The Crawfords did not arrive at their first home in Kentucky until the beginning of November in the year 1805. Owing to the slowness and difficulties that attended the construction of the simplest log cabin in those early days, it is generally assumed that they did not erect this cabin, but that it was in existence at the time of their arrival. It was located on the Blue Spring branch of Caney Fork, a stream that derived its name from the cane growth that abounded in that region. The Burkesville and Greensburg road ran along the side of the cabin. The old road was partly in the gravel bed of the Blue Spring branch. Some time between 1840 and 1850 the old road was shifted to the opposite side of the cabin.

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The crops were principally wheat and tobacco, and the timber was of the blue ash variety. The cabin was constructed from this timber, and the crevices between the logs were "pointed" with lime, giving the whole a striped and somewhat embellished appearance. The farm was located about nine miles southeast of Greensburg at the former postoffice, known as Camp Knox, but since the establishment of the rural delivery this office has been discontinued. When sold to John Motley, a year after the operation, the farm realized four and a fraction dollars per acre.

There is a tradition in the Mitchell family that McDowell made no charge for the operation, but that Mr. Crawford presented him with an honorarium. The sum mentioned (\$1000.00) was so large, however, that, considered in the light of that period and the financial status of the contracting parties, it is out of reason to suppose the story as credible.

The McDowells and the Crawfords were highly respected members of their communities, and while the country watered by Caney Fork in Green County can in no way be compared to Danville, even when it was a mere village, it is reasonable to assume that the contracting parties to the memorable and all-important surgical procedure reached an agreement that was mutually satisfactory, but most likely was by no means what the tradition in the Mitchell family suggests.

From all accounts Mrs. Crawford's health was fully restored, and she continued in this satisfactory state for the remainder of her life. This covered a period of thirty-three years. As to the nature of her last illness, its duration, and other details, we are unable to speak. Nor has the cause of her death or the exact year of her passing

been definitely settled. The latter has variously been given as 1841, 1842 and 1843; most likely, it is as recorded on the tombstone, 1842. The family Bible in which it was customary to preserve such records was in the keeping of her son, as we have said, and was lost during a fire that destroyed the home of the Rev. James Crawford. Gross refers to the year in which she died as 1841, and gives her youngest son, the Hon. Thomas Howell Crawford, as his authority. Notwithstanding this, the date which the tombstone bears is more likely to be the correct one, and furthermore has the support of most of the descendants who have ventured an opinion upon this question. Mr. James C. Brown, of Morning Sun, Iowa, in answering a questionnaire gave 1843 as the year of her death.

By far the most important result of the investigations upon the life of Mrs. Crawford was the finding of her grave in Johnson Cemetery near Graysville, Indiana. The story of this achievement is as interesting and fascinating as any novel, and the patience and persistence of the finder compare favorably with the best efforts of the most successful investigators in any other field of inquiry.

Properly to identify Jane Todd Crawford, who for more than a century had been handed about from writer to writer as Mrs. Crawford of Green County, until the thought of establishing for her the slightest measure of identification seemed an utterly hopeless undertaking, was in itself an accomplishment that many considered impossible. We naturally feel gratified over the success that attended these efforts, but difficult as it was to bring some degree of order and identification out of this obscurity, it was after all commonplace in comparison with the success that attended the location of the grave of this all-but-forgotten woman in a small obscure cemetery in the State

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of Indiana. As we have said before the credit for this unusual feat is due, in our judgment, wholly to the patient efforts of Mr. J. Knox Mitchell, of Osborne, Kansas. Without his co-operation the grave in all probability would have remained in obscurity. In fact it would be unreasonable to expect anyone, not familiar with the history of Mrs. Crawford and not interested therein, to attach any importance to her tombstone if he saw it by chance. The name of Crawford is a rather common one, and there is no reason why anyone should suspect such a commonplace tombstone in such an obscure cemetery as being of any undue significance.

It would only have meaning to a finder who was familiar with the life of Mrs. Crawford, and who was interested in tracing her movements. Only such a person could grasp the possible historic importance of this tombstone. It was because Mr. Mitchell fulfilled these qualifications that, through co-operating with and directing the movements of others, the grave was discovered.

For a time a little confusion existed as to who was entitled to the credit. This confusion arose largely through the remoteness of Mr. Mitchell from the sphere of investigation. Being in Kansas, far removed from the scene of action, he was unintentionally overlooked by those who became interested in the search, and until it was made clear that the search was instigated and directed wholly from Kansas, some members, who aided but were unaware of the directing hand, inadvertently ignored the credit due Mr. Mitchell.

In view of this and the exceptional result it seems proper to trace the steps and publish the correspondence, showing clearly how the discovery was effected. From Mr. J. K. Mitchell's letter of November 29, 1912, we

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reproduce the first half, which is germane to the subject and reveals the earliest intimations of Mr. Mitchell's intention to discover, if possible, the grave of the heroine.

Osborne, Kansas.

11/29/'12.

Dr. August Schachner,

Louisville, Ky.

My Dear Doctor:

I will enclose you herewith a very interesting letter from Rev. A. E. Cameron, Pastor of the Presbyterian Church at Morning Sun, Iowa. This is the place at which the Rev. James Crawford died, who was a son of Mrs. Jane Crawford, whose history we are tracing.

The letter also shows that Amelia Crawford has two first cousins living at Morning Sun, Iowa, in the persons of James Crawford Brown and his sister Miss Martha Brown. Miss Crawford supposed that these persons were dead and had disappeared, but you will see they are still in reach. I have not heard from them yet, but I will get their story with all that they can recollect concerning their grandmother. I think we shall probably find where and when she died, and where she is buried. That is what I am anxious to ascertain. We shall probably find that her remains rest in an unmarked grave and we may not be able to distinguish the grave at this date. I have written to Rev. Cameron that my only connection with the matter is in aiding you to get at the facts.....

(Signed) J. K. MITCHELL.

From Morning Sun, Iowa, Mr. Mitchell transfers his inquiry to Sullivan, Indiana, to-wit:

12/6/'12.

Rev. John McArthur,

Sullivan, Indiana.

My Dear Sir:

I took your name from the minutes General Assembly of the Presbyterian Church for the year 1912 as the Presbyterian Minister at Sullivan, Ind.

JANE TODD CRAWFORD

I wish to get some information concerning the grave of Mrs. Jane Crawford, who died at Graysville, Indiana, in the year 1843. She was residing at the time of her death with her son, Rev. James Crawford. Rev. James Crawford I understand was a Presbyterian minister and spent sometime in colportage work, afterwards removed to the State of Iowa and died at Morning Sun, Iowa, in July, 1872, and I am assisting a Physician of Louisville, Ky., in finding out the facts regarding this Mrs. Jane Crawford's place of death and burial. There seems to be no Presbyterian Church at Graysville, Indiana, now, but I thought that there might be some Presbyterians in that vicinity or someone else that would aid me in my search. I wish to find out if possible the grave of Mrs. Crawford. It happened that she was the first woman in the human history upon whom the operation known as ovariectomy was performed in the year 1809. She then resided in Green County, Ky., but afterwards removed to Graysville. I am very anxious to find out if I can a record of the date of her death and burial and her grave if possible. If you know anyone in Graysville or vicinity that would likely aid me in getting this information I will thank you very much.

(Signed) J. K. MITCHELL.

The letters of the Rev. John H. McArthur which we were permitted to copy, and which are the outcome of the foregoing letter of inquiry, add two important links to our story. They are as follows:

COPY

213 N. Main St.,
Sullivan, Ind.,
Dec. 11, 1912.

Mr. J. K. Mitchell,
Osborne, Kansas.

Dear Mr. Mitchell:

I am in receipt of your letter of inquiry of 6th ult. Several of the other people of Sullivan remember the Rev. James Craw-

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ford of whom your letter speaks, but I have not at this writing found any one who remembers anything either from personal knowledge or from tradition of Mrs. Jane Crawford, the mother. The cemetery in which, doubtless, she was buried, is still being used, and is located near the farm upon which her son James Crawford lived, about four miles from the village of Graysville. A church formerly stood on this plot, the church served by Mr. Crawford up to the time of his removal to Iowa.

I have written parties at Graysville who may be able to give me further information. I will make an effort to ascertain whether or not Mrs. Crawford's grave can be identified. Will also find out if the old church records are available. If they are available, I can doubtless get some facts from them.

I will write you as soon as I have anything to report. Graysville is a little village of about 200 people, located ten miles from Sullivan. A Presbyterian Church, made up in part of members from the old church in the Country, was maintained there, until four years ago when it was disbanded, and most of the members who belonged to the 3rd Generation after Mrs. Jane Crawford, united with the Church at Sullivan.

Very sincerely,

(Signed) JOHN H. McARTHUR.

COPY

213 N. Main St.,
Sullivan, Ind.,

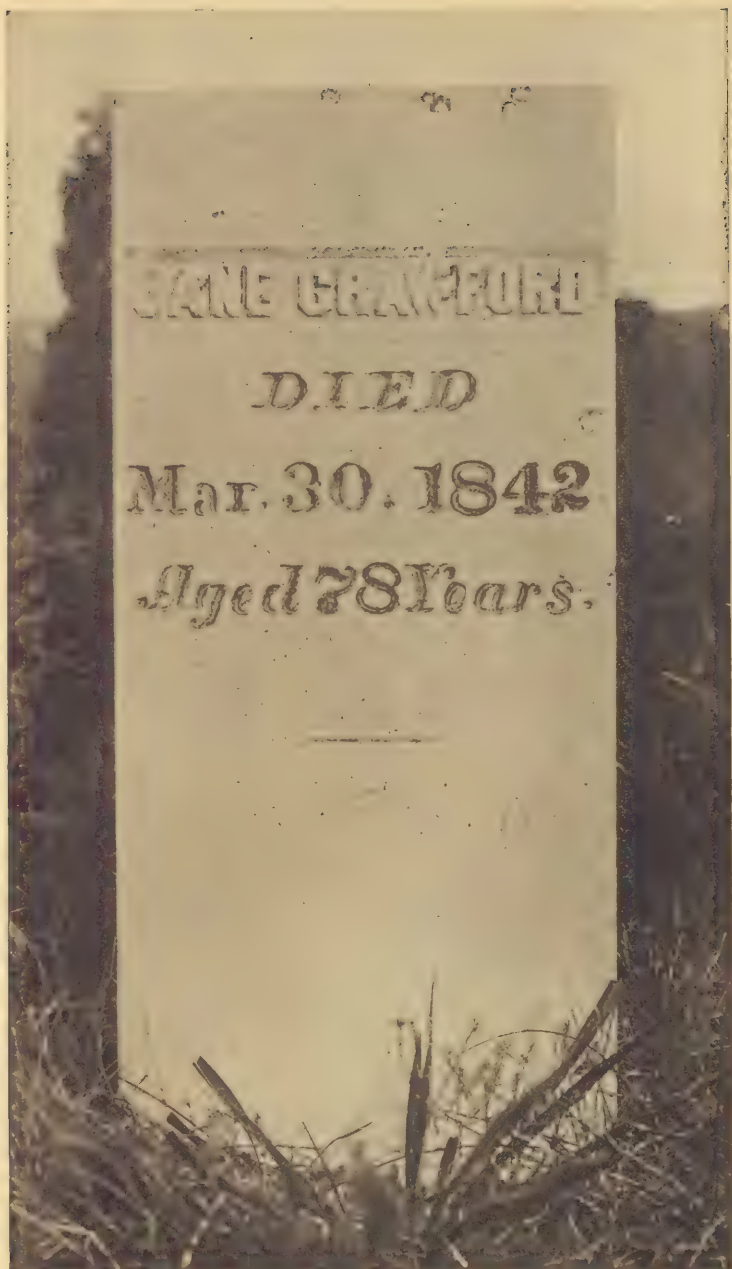
Dec. 16, 1912.

Mr. J. K. Mitchell,
Osborne, Kansas.

Dear Sir:

Yours of the 13th ult received this A.M. I have been able to secure the following facts relating to the death & grave of Mrs. J. Crawford.

Her grave is in what is known as the "Johnson Cemetery," about 4 miles from the little village of Graysville, Ind. It is marked by a small marble slab, bearing the following inscription:



Grave and tombstone of Jane Todd Crawford, in Johnson Cemetery near Graysville, Indiana. Secured through the kindness of W. N. Thompson, M. D., of Sullivan, Ind.

JANE TODD CRAWFORD

Jane Crawford

Died

March 30, 1842

Aged 75 years (Typographical error.)

In the same cemetery is also found the grave of the wife of Rev. James Crawford, marked by a slab bearing the inscription:

Ann Marie

wife of

Rev. James Crawford

Died

April 4, 1852

Aged 59 years

In my inquiries I have found that the Medical Association of Sullivan County has been making some investigation of this matter. If you can do so, you might communicate with Dr. B. Maple, Shelburn, Ind., who is, I think, the Sec. of Ass.

I might add that the cemetery is still being used, but is under the control of no corporation or association, and is probably not kept in very . . . condition.

Sincerely,

COPY (Signed) JOHN H. McARTHUR.

The McArthur letters are better understood after reading the following extract from Mr. Mitchell's letter of January 14, 1913:

The facts are these: on December 6, 1912, I wrote Rev. John H. McArthur, Presbyterian Minister at Sullivan, Ind., telling him that Mrs. Jane Crawford died at Graysville, Ind., and requesting him to aid me in finding her grave. I received an answer from him dated December 11, 1912, and later received a letter dated December 16, 1912, giving me exact place of her burial and inscription on her tombstone. I will enclose you these letters, which kindly read and return to me. A letter from me to Dr. O. O. Parker dated December 7, 1912, remained unanswered till June 8, 1913, but on December 20, 1912, I wrote to Dr. B.

EPHRAIM McDOWELL

Maple, Sec. Sullivan Co. (Ind.) Medical Association telling him exactly where Mrs. Crawford's grave was.

In Mr. Mitchell's letter of January 20 1913, we have his most interesting contribution to the story. This is really a *résumé* of his efforts. He says:

The way that I came to find that Mrs. Crawford died at Graysville was that I traced her son Rev. James Crawford through the Minutes of the Presbyterian General Assembly from the time he began the ministry up until the time of his death. I found that he had lived at Graysville, Indiana, and that he died at Morning Sun, Iowa, and then by correspondence with these descendants in Morning Sun, Iowa, I ascertained that Jane Todd Crawford died at the home of Rev. James Crawford when he lived at Graysville, Indiana. Then it occurred to me that she was very likely buried at Graysville or in that vicinity, so I looked up the name of the Presbyterian minister at Sullivan, Indiana, and wrote him, as I found from the same minutes that the Presbyterian Church at Graysville, Indiana, had been discontinued. In this way I located the grave in the cemetery near Graysville. I presume that Rev. McArthur made the first suggestion to the local physicians, which aroused them to look into the matter and make the photograph of the grave which appeared in the Journal of the American Medical Association.

From this evidence the details of the patient and persistent labor of Mr. Mitchell become apparent, and too much praise cannot be accorded him for his worthy efforts that were attended with such brilliant success. For the efforts of those co-workers about Sullivan who so kindly co-operated and who were so enthusiastically interested in the search, we all owe a debt of gratitude which we most cheerfully acknowledge.

Meagre as this history of Mrs. Crawford is, considering the discouraging outlook that confronted us in the beginning of our task, we feel gratified in having secured even these details. We hope that they, at least, will serve as a

JANE TODD CRAWFORD

nucleus and stimulus for others to enlarge upon, and that they will tend to arouse and sustain an interest that will have as its culmination an adequate recognition of the debt that the human race owes this benefactress.

Since the rights of women, which have so long been overlooked, are now being generally recognized, may we not expect to see some signs of an appreciation from her own sex? It is so entirely fair to assume that these increasing rights of women spell increasing obligations that we are persuaded to hope that some member of her sex endowed with the necessary resources will recognize this as an opportunity to honor herself and her sex as well as to fulfill a long-neglected public duty.

During the Great World War that shook the entire globe, every one, doubtless, was impressed with the sacrifices made, not in one country, but in every country—not upon one side, but upon both sides of the conflict. Indeed, it is impossible for anyone who gives the subject but a moment's reflection to fail to be impressed with the sacrifices in every war, sacrifices that are made in both good and bad causes, for both cannot be in the right, and the earnestness is as intense on the one side as on the other. Since the psychology of war is based upon the emotionalism in human nature that has so frequently and successfully been aroused, should we not be reminded that we owe at least as much to the heroism of peace, which lacks this emotional stimulus, as we do to the heroism of war?

If we consider the oft referred to crimes that have been committed in the name of patriotism, we are tempted to suggest that the heroes and heroines of peace be given the preference.

Aside from the commendable wars of liberation, which

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are largely revolutionary in character, and those purely defensive against outside aggression, wars as a rule have as their basis sordid greed which collectively considered is called national imperialism, and individually considered personal selfishness. No less authority than our own Homer Lea in his work, "The Valor of Ignorance," very aptly says that questions of right and honor between nations are always settled diplomatically, only those involving material interests are settled by force. Therefore, why not place the conquerors of pain and suffering, the emancipators from premature deaths and invalidism at least on a level with the conquerors of gold mines, oil fields, and trade routes, especially since the blessings of the former are not confined to narrow national interests, but possess the broad international benefits that include all peoples of all countries for all succeeding ages?

In fact, there seems to be something fundamentally defective in human nature, which neither our civilization nor our Christian training has been able to correct, that permits us to grow hysterical over the heroes of war, and to remain indifferent to the heroes of peace.

Why not put the emotionalism of war into action during peace and through its influence discharge some of the debts of gratitude so long overdue that we owe to those who did so much for the welfare of the entire human race? It would require but a relatively small amount, as "drives" and campaigns nowadays go, to secure a memorial that would be commensurate with the services that this heroine jointly with McDowell has rendered humanity and will render it throughout the succeeding ages.

If there is no response from her sex individually, may we not hope at least for some action from her sex collectively; not because of the pride involved, but because of the gratitude it would represent, since women were the

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first beneficiaries of this historic experiment? Failing in this, a concerted action might be arranged which would include the women as the first beneficiaries, the medical profession whose art and science has been so enriched through this operation as the second, and lastly the laity whose status through the diminution of suffering and invalidism, and the reduction of the number of premature deaths, has improved beyond all the bounds of human imagination.

The brilliant surgery of the liver and the biliary system, the intricate operations involving the gastro-intestinal tract, not to mention the surgery of the pelvis are a few of the fruits of the first ovariectomy. If we consider only that very frequent inflammatory disturbance known as appendicitis, the former ravages of which annually caused the deaths of thousands of human beings who under present conditions would now be saved, we should have in this alone a sufficient justification for our appeal. It is within the memory of all of us to recall individual deaths that were formerly referred to as due to cholera morbus, inflammation of the bowels, inflammation of the stomach, and peritonitis that we now know were nothing more than acute appendicitis, which is now properly diagnosed and successfully cured through operative measures.

It is not unreasonable to assume that this very disease prematurely caused the death of McDowell himself. It has been referred to as an acute attack of "inflammation of the stomach" by some, and as "inflammatory fever" by others, and if our assumption is correct, he most likely would now have been saved through the benefits of his own achievements.

In bringing to a close what might with more accuracy be

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called a critical study of these historic figures rather than biographies of McDowell and Mrs. Crawford, we shall feel, if we have materially aided in correcting some of the errors and explaining some of the obscurities, if we have stimulated others to continue this study, and if we have succeeded in securing an adequate recognition of the services which this hero and heroine have so generously rendered the human race, that this labor will not have been in vain.

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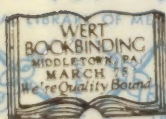
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